



# GOVERNMENT OF ANGUILLA

## PERSONNEL ACTION FORM

This form is to be filled in by the Employee and sent with supporting documentation to:  
 Department of Public Administration, James Ronald Webster Building,  
 Social Security Complex, The Valley, Anguilla

**1. EMPLOYEE INFORMATION** (Please ensure ALL sections are fully completed in CAPITAL letters)

Full Name of Employee:	Employee ID Number:
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Department & Department ID:	Position & Position ID:
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**2. TYPE OF CHANGE** (Please tick relevant box and write details of change to be made to personal file record)

<input type="checkbox"/> Change of Name _____  <input type="checkbox"/> Change of Address _____ _____ _____  <input type="checkbox"/> Change in Marital Status _____ _____	<input type="checkbox"/> Change in Dependents Name                                      Gender                                      Date of Birth _____ _____  <input type="checkbox"/> Change in Immigration Status _____  <input type="checkbox"/> Other _____ _____
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**3. SUPPORTING DOCUMENTS** (Please list the documents you have attached to support the change)


_____ Signature of Employee	_____ Date
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**FOR PUBLIC ADMINISTRATION USE ONLY**

Notes

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Entered in System: \_\_\_\_\_ Date: \_\_\_\_\_