



EMPLOYEE CHANGE OF PERSONAL INFORMATION

When you have a change in contact information, please provide the new information below and return it to HR Records Administration, 220 Crawford Hall (LC7047). If you have a *name change*, a copy of your new social security card will be required, and if applicable, copy of marriage certificate.

EMPLOYEE INFORMATION

Name _____ EmplID _____

Exempt (paid once a month) Nonexempt (paid semi-monthly) Campus Phone _____

TYPE OF CHANGE

name home phone home address campus address campus phone

other (specify) _____

Effective Date of Change _____

NEW INFORMATION (Provide only that which has changed):

Name _____ (include documentation)

Home Address _____

Home Phone _____

Campus Address _____ Location Code _____

Campus Phone _____

Other Changes _____ (include applicable documentation)

EMPLOYEE APPROVAL

Employee Signature _____ Date _____

FOR HR USE

Date Received _____ Date Processed _____ Initials _____