

# Employee Change Form

**Current Information:**

Name \_\_\_\_\_

Soc Sec Number \_\_\_\_\_

Are you also a Student or Alumni?  Yes  No

**New/Updated Information:**

Effective Date of Change: \_\_\_\_\_

Name \* \_\_\_\_\_

\*\* (Please contact Help Desk to update your email address)

\*(If you are a student or alumni, we will also notify the Registrars of this change)

Address\* \_\_\_\_\_

\*You must also complete a Residency Certification Form

Phone Number \_\_\_\_\_

Emergency Contact & Phone Number \_\_\_\_\_

Family Status (please check appropriate box)

- Single                       Employee & Spouse                       Employee & Children  
 Family                       Employee & One Child

Add Dependent

	Last Name	First Name	Date of Birth	Soc Sec #
Spouse:				
Child:				
Child:				
Child:				

Remove Dependent

	Last Name	First Name	Soc Sec #	Reason
Spouse:				
Child:				
Child:				
Child:				

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use Only:**

Full Time/Benefit Eligible Employee

**Benefits**

- Flex Benefit Enrollment \_\_\_\_\_  
 Notify Medical Provider \_\_\_\_\_  
 Notify Dental Provider \_\_\_\_\_  
 Notify Vision Provider \_\_\_\_\_  
 Notify COBRA/FSA Broker \_\_\_\_\_  
 New Life Ins Beneficiary Form \_\_\_\_\_  
 New TIAA/Fidelity Beneficiary Form \_\_\_\_\_

**Payroll**

- Residency Certification Form \_\_\_\_\_  
 Copy of Documentation to Registrars \_\_\_\_\_  
 HRSysops (Name Change) \_\_\_\_\_