

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)