



OFFICE OF HUMAN RESOURCES

Employee Personal Information Change Form

Type of change-check all that apply

Name Address Phone

Union Affiliation

APPSSA Local 958 Local 1339 Local 1033 Non Union

Date of the change: _____ Employee Number: _____

Name: _____

Position: _____

School/Department: _____

Name Change

New Name: _____

Reason for Change: _____

A copy of your marriage certificate, divorce decree or other court authorized documentation must accompany a name change.

New Address and/or Phone Number

Mailing Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Note: If your mailing address is a P.O. Box you must also provide us with a street address.
All correspondences with the exception of certified mail will be sent to your mailing address.

Street Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Signature: _____ **Date:** _____

Please return to Human Resources.

Thank You

For Office Use Only

Lawson: _____ AESOP: _____ Benefits: _____ Pension Office: _____ Retirement: _____