EMPLOYEE INFORMATION
Please print or type all information

NAME

EMPL. ID# 

SIGNATURE

DATE

Check one: ___FT Faculty/Staff/Contr Prof   ___PT Faculty/Staff/Contr Prof   ___Graduate Assistant   ___Student  Employee

ADDRESS CHANGE
(If home and mailing address are the same, enter only home address)

NEW HOME ADDRESS

EFFECTIVE DATE

CITY

STATE

ZIP

COUNTY (OHIO ADDRESS ONLY)

COUNTRY (NON U.S. ONLY)

NEW MAILING ADDRESS (NUMBER AND STREET)

CITY

STATE

ZIP

TELEPHONE NUMBER

NAME CHANGE

All name changes must be made in person in Human Resources, ASB 130W, or Payroll ASB. Please bring legal documentation indicating the name change. The following documents are accepted: a marriage license, divorce decree, court order, driver’s license, or social security card. Human Resources’ staff has discretion to accept minor changes in names (for example spelling corrections) over the phone or via mail.

NEW NAME

EFFECTIVE DATE

MAIDEN NAME

PREVIOUS NAME

NAME SUFFIX (JR., II, ETC.)

OFFICE USE ONLY

Distribution:            Processed by (initial/date): ____________
HRIS
Payroll (name changes only)
Graduate School (Graduate Assistants Only)

Name change documentation
verified by: ____________

RETURN COMPLETED FORM TO HUMAN RESOURCES INFORMATION SERVICES +4730