



If completing this form by hand, please print clearly.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

LU # \_\_\_\_\_

Personal Information Change	Personal Info. Change Effective Date
<input type="checkbox"/> <b>New Address</b> _____ Street _____ City _____ State _____ Zip _____	
<input type="checkbox"/> <b>New Phone</b> Home (____) _____ Cell (____) _____	
<input type="checkbox"/> <b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <small>Attach legal documentation, i.e. marriage license, divorce decree, social security card to support the requested change. A marital status change may warrant an update of your W4 &amp; beneficiary information. Contact Human Resources to complete these updates.</small>	
<input type="checkbox"/> <b>Name Change</b> Last Name _____ First Name _____ MI _____	
<small>NOTE: Name changes will not be processed by payroll until a new Social Security Card is presented, at which time a new W4 will be required.</small>	
<input type="checkbox"/> <b>Dependent Children</b> <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Step Child(ren) <input type="checkbox"/> No Longer a FT Student (High School or College) Name(s) & Birthdate(s) _____	

► For personal information changes, employee must **SIGN HERE** \_\_\_\_\_

Employment Information Change	Employment Info. Change Effective Date
<input type="checkbox"/> <b>Wage Change</b> Current Rate \$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> annually New Rate \$ _____ <input type="checkbox"/> hourly <input type="checkbox"/> annually	
<b>Reason</b> <input type="checkbox"/> Additional Duties <input type="checkbox"/> Annual Increase <input type="checkbox"/> Cost of Living Adjustment <input type="checkbox"/> Demotion <input type="checkbox"/> 60 Day Review <input type="checkbox"/> Market Adjustment <input type="checkbox"/> Merit <input type="checkbox"/> Minimum Wage ↑ <input type="checkbox"/> Promotion <input type="checkbox"/> Other _____	
<input type="checkbox"/> <b>Exemption Change</b> From <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt To <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt	
<input type="checkbox"/> <b>Salary Grade Change</b> From _____ To _____	
<input type="checkbox"/> <b>Title Change</b> From _____ To _____	
<input type="checkbox"/> <b>Status Change</b> From <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temporary To <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temporary	
<input type="checkbox"/> <b>Dept. Change</b> From _____ To _____	
<input type="checkbox"/> <b>Location/Office Change</b> From _____ To _____	
<input type="checkbox"/> <b>Supervisor Change</b> From _____ To _____	

► For employment information changes, the following individuals must **SIGN HERE**

Supervisor _____	Date _____
Dept. Head _____	Date _____
Director of HR _____	Date _____

For HR Use ONLY

Internal Checklist

- Email HR Staff
- Banner
- Fidelity/TIAA-CREF
- UNUM
- UMR
- EBC
- Delta/Care Plus
- Assurant
- Beneficiary