



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**

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**For Office Use Only**

Lawson: \_\_\_\_\_  AESOP: \_\_\_\_\_  Benefits: \_\_\_\_\_  Pension Office: \_\_\_\_\_  Retirement: \_\_\_\_\_