This form is to be used to notify Human Resources and/or the Payroll Office of changes to employee’s personal information, including name changes, address changes, telephone changes, and/or emergency contact information. Please be sure to read and follow any additional instructions that appear within the section(s) for which you are requesting changes. Current information on file in Human Resources and/or the Payroll Office is available for viewing on Self-Service. ***ONLY THE SECTION(S) FOR WHICH CHANGE(S) IS(ARE) NEEDED SHOULD BE COMPLETED*.** Please return the completed form to Human Resources.

Name       ID#

Signature Date

**Official Legal Name Change**

**NOTE: Enter exactly as it appears on current Social Security card**

* **Employee must also present a new Social Security card to verify the name change for W-2 reporting purposes**

New Name                  

Old Name

*First Middle/Initial Last Suffix*

**Preferred First Name (Nickname) Change**

**NOTE: This name may be used in select on-campus mailings, but will not be used as the official W-2 name**

New Name       Old Name

**Home Address Change**

**NOTE: Employees must also complete….**

* **A new Residency Certification Form for the Payroll Office to update the local tax withholding with the Cumberland County Tax Bureau**

**NEW**

Mailing Address

City       State    Zip

**OLD**

Mailing Address

City       State    Zip

Does this address change also have a related telephone number change?  Yes  No

**Telephone Change**

**NOTE: If the primary phone at your home residence is a cell phone, please list that number in both categories.**

New Home Phone       Old Home Phone

New Cell Phone       Old Cell Phone

**Emergency Contact Change**

**NOTE: Emergency contacts may also be updated via Employee Self-Service on MC Square.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| New Contact | | Modify Contact | | | Remove Contact |
| *Name* |  | | Relationship |  | |
| Phone |  | | Phone Type | Home  Work  Cell | |
| Phone |  | | Phone Type | Home  Work  Cell | |
| Phone |  | | Phone Type | Home  Work  Cell | |
|  | |  | | |  |
| New Contact | | Modify Contact | | | Remove Contact |
| *Name* |  | | Relationship |  | |
| Phone |  | | Phone Type | Home  Work  Cell | |
| Phone |  | | Phone Type | Home  Work  Cell | |
| Phone |  | | Phone Type | Home  Work  Cell | |
|  | |  | | |  |
| New Contact | | Modify Contact | | | Remove Contact |
| *Name* |  | | Relationship |  | |
| Phone |  | | Phone Type | Home  Work  Cell | |
| Phone |  | | Phone Type | Home  Work  Cell | |
| Phone |  | | Phone Type | Home  Work  Cell | |
|  | |  | | |  |
| New Contact | | Modify Contact | | | Remove Contact |
| *Name* |  | | Relationship |  | |
| Phone |  | | Phone Type | Home  Work  Cell | |
| Phone |  | | Phone Type | Home  Work  Cell | |
| Phone |  | | Phone Type | Home  Work  Cell | |
|  | |  | | |  |
| New Contact | | Modify Contact | | | Remove Contact |
| *Physician* |  | | Phone |  | |
|  | |  | | |  |
| New Contact | | Modify Contact | | | Remove Contact |
| *Physician* |  | | Phone |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **HR/Payroll Use Only:** | Copies to: | HR | Benefits | Payroll | |