

# Update your personnel record: Change of address, phone, emergency contact and/or name change

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Please use this form to update information on your personnel record. (Information submitted will allow Human Resources to update your address, phone number, emergency contact information and to record a name change.) Please complete the appropriate sections of this form and return to Patricia Halpin, Human Resources. If you have any questions, please call Human Resources at extension 3391. Thank you.

## Employee

Name: \_\_\_\_\_ Soc. Sec. #: XXX-XX- \_\_\_\_\_

Date changes should become effective: \_\_\_\_\_

### Change of Address (residential)

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Change of Address (mailing, if different from residential)

Mailing Address: \_\_\_\_\_ Mailing Address2: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

### Change of Phone Numbers

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

### Change of Name

*NOTE: If you wish to change your life insurance beneficiary due to the name change, please contact the Human Resources Benefits Coordinator at extension 2424.*

Current Listed Name: \_\_\_\_\_

New Name: \_\_\_\_\_

### Emergency Contact Data

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Address2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Preferred?(cell or day) \_\_\_\_\_

### Insurance

If you subscribe to a health or dental plan offered by the College, we will be happy to notify the plan's administration of your address change. Please identify your health plan and / or dental plan below.

Current health plan: \_\_\_\_\_

Current dental plan: \_\_\_\_\_