



OFFICE OF HUMAN RESOURCE MANAGEMENT

Employee Change Information Form

Instructions: Please PRINT name, social security number, and all pertinent information you wish to change. Submit this form to Human Resource Management for processing. Incomplete forms will be returned and delay processing.

1. Action you wish to be taken: ✓

- Change of permanent address
Change of local address
Name Change (HR must photocopy your Social Security card before this change can be recorded.)
Change of Social Security Number (HR must photocopy your Social Security card before this change can be recorded.)

OFFICIAL USE ONLY
HR
Benefits

2. Employee or Student Status: ✓

- Full Time Employee
Part Time Employee
Student
Other: please specify

Effective Date

Please indicate any dependents that should be listed at this new address:

Table with 2 columns: Name, Relationship. Includes lines for entry and a note to continue on reverse side if necessary.

3. Please clearly print the following information:

Name MUST be printed as it appears on your Social Security Card

Social Security Number
First Name Middle Initial
Last Name

Name Changes Only
Please provide the name currently used for your Duquesne University Records:
Last Name:
First Name:
Middle Initial:

4. Please complete and provide the following information:

Old Address:
Street Apt #
City, State, Zip Code
Telephone Number

New Address:
Street Apt #
City, State, Zip Code
Telephone Number

Tax Municipality Change Yes No

5. Signature Date

This form is not a valid request without the employee's signature or a valid substitute document.