



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 _____

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.



LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER NAME (Use Federal ID Name)			EMPLOYER FEIN
Duquesne University			251035663
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
Payroll Department			
SECOND LINE OF ADDRESS			
600 Forbes Avenue			
CITY	STATE	ZIP CODE	PHONE NUMBER
Pittsburgh	PA	15282	412-396-6579
MUNICIPALITY (City, Borough, Township)			
Pittsburgh City			
COUNTY	PSD CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		MUNICIPAL NON-RESIDENT EIT RATE
Allegheny	7 0 0 1 0 2		1.00%

CERTIFICATION	
SIGNATURE OF EMPLOYEE	DATE
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com
 Select Get Local Gov Support, >Municipal Statistics