

MARIST COLLEGE

Employee Information Change Form

Please PRINT. Fill out this form completely, return to Human Resources, Donnelly Hall, Room 120.

Current Information	<p>I hereby authorize Marist College to change the following information on <u>all</u> of my records.</p> <p>Employee Name: _____</p> <p>Employee SSN/ID#: _____ Effective Date of Change: _____</p> <p><u>Indicate all that apply:</u></p> <table><tr><td><input type="checkbox"/> Address Change</td><td><input type="checkbox"/> Degree Status Change (must submit degree transcripts)</td><td><input type="checkbox"/> Marital Status Change* (must supply proof of change)</td></tr><tr><td><input type="checkbox"/> Phone # Change</td><td><input type="checkbox"/> Dependent Change*</td><td><input type="checkbox"/> Name Change</td></tr></table>	<input type="checkbox"/> Address Change	<input type="checkbox"/> Degree Status Change (must submit degree transcripts)	<input type="checkbox"/> Marital Status Change* (must supply proof of change)	<input type="checkbox"/> Phone # Change	<input type="checkbox"/> Dependent Change*	<input type="checkbox"/> Name Change																		
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New Name / Address	<p><u>New Information:</u></p> <table><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Last Name</td><td>First Name</td><td>Middle Initial</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Street Address</td><td>City & State</td><td>Zip</td></tr><tr><td>_____</td><td></td><td></td></tr><tr><td>Telephone Number</td><td></td><td></td></tr><tr><td colspan="3">_____</td></tr><tr><td colspan="3">Payroll Check Mailing Address, if Different</td></tr></table>	_____	_____	_____	Last Name	First Name	Middle Initial	_____	_____	_____	Street Address	City & State	Zip	_____			Telephone Number			_____			Payroll Check Mailing Address, if Different		
_____	_____	_____																							
Last Name	First Name	Middle Initial																							
_____	_____	_____																							
Street Address	City & State	Zip																							

Telephone Number																									

Payroll Check Mailing Address, if Different																									
Spouse/Dep. Change	<p>*Spouse / Dependent Change: If making medical addition/subtraction to coverage you MUST see P. Oswald, Benefits Administrator in Human Resources.</p> <p style="text-align: center;"><input type="checkbox"/> Addition <input type="checkbox"/> Subtraction</p> <p>Spouse's Name: _____ DOB: _____</p> <p>Dependent's Name: _____ DOB: _____</p>																								
<p><u>Check the areas below that apply to you so we can notify other appropriate departments:</u></p> <table><tr><td><input type="checkbox"/> Current Student</td><td><input type="checkbox"/> McCann Member</td><td><input type="checkbox"/> Faculty/Adjunct</td></tr><tr><td><input type="checkbox"/> Alumni</td><td><input type="checkbox"/> Retiree</td><td><input type="checkbox"/> Staff/Admin</td></tr></table>		<input type="checkbox"/> Current Student	<input type="checkbox"/> McCann Member	<input type="checkbox"/> Faculty/Adjunct	<input type="checkbox"/> Alumni	<input type="checkbox"/> Retiree	<input type="checkbox"/> Staff/Admin																		
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Employee Signature

Date