



REPORTING CHANGES TO PERSONAL EMPLOYEE INFORMATION

DOE OHR 300-006

Last Revised: 03/14/2012

Former DOE Form(s): 107A

DEPARTMENT OF EDUCATION
Office of Human Resources
Records and Transactions Section
P.O. Box 2360 Honolulu, HI 96804

REPORTING CHANGES TO PERSONAL EMPLOYEE INFORMATION

- Certificated Personnel
- Classified (Civil Service/Support Services) Personnel

I. EMPLOYEE INFORMATION (as currently recorded) [Please type or print clearly.]

Name: _____ Last 4 digits of SSN: _____
Last First M.I.

Position: _____ School/Office: _____

II. CHANGES REPORTED (mark and complete applicable items)

1. Change in Marital Status (mark one):
- Marriage Divorce Annulment Death of Spouse

Effective date of new marital status: _____
MM/DD/YYYY

Spouse Name: _____
Last First M.I.

NOTE: It is equally important for men as well as women to report changes in marital status inasmuch as employee income tax withholdings and health fund benefits may be affected by such changes.

2. Change in Name (enter new name below):

_____ Last First Middle

NOTE: PLEASE ENTER YOUR NEW NAME EXACTLY AS IT APPEARS ON YOUR SOCIAL SECURITY CARD AND ATTACH A PHOTOCOPY OF THE CARD. Employees who change their name should contact their nearest Social Security Office for assistance.

3. Change in Address (enter new address below):

Address: _____

City: _____ State: _____ Zip: _____

4. Other Changes (specify):

III. INSTRUCTIONS

1. Please read this form's instructions (DOE OHR 300-006Ins). You may need to complete other forms. Please mark below if you want any of these forms sent to you.

- 1-A (for ERS CONTRIBUTORY OR HYBRID PLAN MEMBER ONLY) D-90 W-4 HW-4 D-60

Employee Signature: _____ Date: _____
MM/DD/YYYY