



# Employee Information & Change Form

Please select one:  New Employee  Change

Full Legal Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name Change: (Former Name) \_\_\_\_\_

*Please note name changes will prompt a change in your email address. Legal documentation is required.*

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(please complete if *different* from street address)

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

In case of Emergency please contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Spouse  In-law  Parent  Friend  Other \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

***Please do not mark below this line - Office Use Only***

Department: \_\_\_\_\_ Ext & Build/Room \_\_\_\_\_

Start Date: \_\_\_\_\_ Title: \_\_\_\_\_ A # \_\_\_\_\_

\_\_\_ *Banner*  
\_\_\_ *Access*  
\_\_\_ *File*

\_\_\_ *Academic Affairs (Faculty Changes)*  
\_\_\_ *Payroll (all Changes)*  
\_\_\_ *President's Office (FT Changes)*