



Employee Status Change Form

Effective Date: _____ / _____ /20_____

State Employee ID#: _____

Type of Change: Name* Address Phone Other: _____

*Original Social Security Card must be presented for completion of name change.

Employee Name: _____
Last First MI

Part-time Faculty Assignment (current or prior)? Yes No

Complete Items Below As Applicable

Former Name: _____
Last First MI

Address: _____
Street (Apt. No. if applicable)
City, State, Zip Code (Country if not US)

Home Phone: () Cellular Phone: ()

Marital Status: Married Single
 Divorced Widowed

Spouse's Name: _____
Last First MI

Date of Birth: _____

Children:

First Name	MI	Last Name (if different)	Date of Birth
			/ /
			/ /
			/ /
			/ /

Provide dependent children's address if different from emp.

Street (Apt. No. if applicable)
City, State, Zip Code (Country if not US)

Race/Ethnicity: **State coding** (select one):
 American Indian/Alaskan Native Hispanic/Latino
 Asian Native Hawaiian/Oth Pacific Islander
 Black/African American White

Federal coding: Hispanic or Latino Not Hispanic or Latino
Also, select one or more races to indicate what you consider yourself to be:
 American Indian/Alaskan Native Native Hawaiian/Oth Pacific Islander
 Asian White
 Black/African American

Gender: Female Male

Emergency Contact: Name: _____
Last Name First Name Relationship

Address: _____
Street (Apt. No. if applicable)
City, State, Zip Code (Country if not US)

Phone Nos: () () ()
Home Cellular Work