

OFFICE OF HUMAN RESOURCE ADMINISTRATION  
PERSONAL INFORMATION UPDATE  
**FOR STATE EMPLOYEES ONLY**

(Internal, Student, and Adjunct employees please see your Home department to make these changes)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Department: \_\_\_\_\_ Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

***PLEASE COMPLETE ONLY THE INFORMATION YOU WANT TO UPDATE***

**NEW ADDRESS**

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(PO Box requires Home Address)

Work Address: \_\_\_\_\_  
(Department, Bldg & Room #)

NOTE: If you have a 403-B retirement plan (TIAA, VALIC, or MetLife), please also contact them to update your address.

**NEW NAME AND/OR CHANGE IN MARITAL STATUS**

*(For Name Changes, please attach the appropriate legal document)*

Former Name: \_\_\_\_\_ New Name: \_\_\_\_\_

New Marital Status:  Single  Married  Divorced  Widowed Effective Date: \_\_\_\_\_

New Spouse Name: \_\_\_\_\_ DOB: \_\_\_\_\_

NOTE: Please contact Benefits Office at 874-9054 to make any changes to your current benefits.

**NEW EDUCATION INFORMATION**

Indicate grade/degree code: \_\_\_\_\_ (HR will need an official transcript)

09 Completed ninth grade or under	17 College Graduate - Bachelor of Arts	25 Master of Public Administration
10 Completed tenth grade	18 College Graduate - Bachelor of Science	26 Master of Social Work
11 Completed eleventh grade	19 College Graduate - Bachelor of Law	27 Master of Hospital Administration
12 Graduated High School	20 Two Bachelor Degrees	28 Two Masters Degrees
13 High School Equivalent	21 Master of Arts Degree	29 Doctor of Juris
14 Complete one year college	22 Master of Science Degree	30 Doctor of Philosophy
15 Completed two years college	23 Master of Business Administration	31 Dentist
16 Completed three years college	24 Master of Public Health	32 Doctor of Veterinary Medicine

**NEW VETERAN STATUS**

Circle Proper Code

Not a Veteran 0  
Non War Veteran 1  
War Veteran 2  
Disabled War Veteran 3  
Vietnam Era Veteran 4  
Disabled Vietnam Era Veteran 5  
Other Eligible Veterans 6

NOTE: If you are a War Veteran, please identify the War/Conflict and the dates of service that apply:

War/Conflict \_\_\_\_\_ Service Dates \_\_\_\_\_

Attach a copy of your DD-214 and proof of disability from the VA if applicable.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Return this form to the Office of Human Resource Administration**

Mail: 80 Lower College Road, Kingston, RI

FAX: 874-5741

E-mail: [urihr@ucs.uri.edu](mailto:urihr@ucs.uri.edu)