

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)

Employee ID #: _____
First Name _____ Middle Initial _____ Last Name _____
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

Please attach a copy of the appropriate legal document

Former Name: _____ New Name*: _____
*must attach legal document such as social security card or driver's license
New Marital Status*: [] Single [] Married [] Divorced [] Widowed Effective Date: _____
*must attach marriage certificate or divorce decree

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)

Table with 3 columns of education codes and descriptions: 09 Completed ninth grade or under, 10 Completed tenth grade, 11 Completed eleventh grade, 12 Graduated High School, 13 High School Equivalent, 14 Complete one year college, 15 Completed two years college, 16 Completed three years college, 17 College Graduate - Bachelor of Arts, 18 College Graduate - Bachelor of Science, 19 College Graduate - Bachelor of Law, 20 Two Bachelor Degrees, 21 Master of Arts Degree, 22 Master of Science Degree, 23 Master of Business Administration, 24 Master of Public Health, 25 Master of Public Administration, 26 Master of Social Work, 27 Master of Hospital Administration, 28 Two Masters Degrees, 29 Doctor of Juris, 30 Doctor of Philosophy, 31 Dentist, 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