

**CHANGE OF PERSONAL INFORMATION**

Name Change

Address Change

Phone Number Change

NAME: \_\_\_\_\_ SS No: XXX – XX – \_\_\_\_\_  
Last First M.I. last 4 digits only

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

City/Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_  
Home # Work # Cell #

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY ~ Date Stamp When Received**

date & initial below when change is made ~ distribute original to payroll file & copy to personnel file

\_\_\_\_\_ NYSTEP \_\_\_\_\_ NYBEAS \_\_\_\_\_ SUNY HR \_\_\_\_\_ Payroll \_\_\_\_\_ Banner

Other forms provided: \_\_\_\_\_ retirement \_\_\_\_\_ UUP/CSEA \_\_\_\_\_ Former employee notification

Source: \_\_\_\_\_ employee \_\_\_\_\_ email/fax (attach)  Affirmative Action [only needed if name change]