

# ELON UNIVERSITY

## Office of Human Resources Employee Information Change Form

The information you provide below will be used to update your file and the Faculty/Staff Directory **unless you wish some portion excluded. You should indicate where prompted any portion you do not wish to be included in the directory.** If any of the information below changes after you have returned this form, please notify the Office of Human Resources.

Please PRINT or TYPE the following information, and either submit the form electronically or send it to the Office of Human Resources, 2070 Campus Box. **If this is a name change, employees are legally required to present an updated social security card (for payroll & I-9 purposes) to the Office of Human Resources.** Please do not send copies of your social security card through the mail.

Faculty and staff members that experience a qualifying event are able to make changes to their health plan elections within **30 days of that event.** For more information on the definition of a qualifying event, please visit: [http://www.elon.edu/docs/e-web/bft/hr/ChangeInStatusQualifying%20Events%202014\(1\).pdf](http://www.elon.edu/docs/e-web/bft/hr/ChangeInStatusQualifying%20Events%202014(1).pdf). Employees should notify the Office of Human Resources and complete the necessary life status change paperwork.

University ID# \_\_\_\_\_

**OR**

Last four digits of your Social Security Number (Needed for data entry/payroll purposes. **Will not be included in the Faculty/Staff Directory.**) \_\_\_\_\_

☐ Faculty ☐ Staff

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Mx. ☐ Dr.

Legal Name (last, first, and middle) \_\_\_\_\_

Name Change To (last, first, and middle) \_\_\_\_\_

Preferred/Nickname (Directory Display Name) \_\_\_\_\_

Name of spouse/Name of domestic partner (circle one) \_\_\_\_\_

Include in Printed Directory?: ☐ Yes ☐ No

**Mailing Address** Include in Printed Directory?: ☐ Yes ☐ No

Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

### Contact Information

Include in Printed Directory?:

Home Phone # (include area code) \_\_\_\_\_ ☐ Yes ☐ No

Cell Phone # (include area code) \_\_\_\_\_ ☐ Yes ☐ No

Department \_\_\_\_\_

Office location (building and office number) \_\_\_\_\_

Campus Box # \_\_\_\_\_ Campus Phone Extension (the number you want listed in the Faculty/Staff Directory) \_\_\_\_\_

### Emergency Contact Information

Name (Primary) \_\_\_\_\_ Phone # (include area code) \_\_\_\_\_

Name (Primary) \_\_\_\_\_ Phone # (include area code) \_\_\_\_\_

Employee Signature: \_\_\_\_\_ DATE \_\_\_\_\_

### OFFICE OF HUMAN RESOURCES ONLY

NAE \_\_\_\_\_ EMER \_\_\_\_\_ BNDS \_\_\_\_\_ OFFI \_\_\_\_\_ I-9 \_\_\_\_\_ FILE TABS \_\_\_\_\_ FAC/AA \_\_\_\_\_

HR Rep. \_\_\_\_\_ DATE \_\_\_\_\_