

Academic (including Resident Interns)     Staff     Temporary     Student Academic     Former Employee

Name: \_\_\_\_\_

University 10-Digit ID #: \_\_\_\_\_ Last 4 Digits of Social Security Number: \_\_\_\_\_

**Note:** To add/update your Social Security Number, contact Financial Management Services at (812) 855-0375.

### Legal Name Change

This change must be verified at a University office. Legal documentation such as a copy of a driver's license or official court document granting the name change is required to support the change.

**Note:** Legal name must match that as recorded by the Social Security Administration (SSA). If your name is not correct with SSA, you must update your records with that office.

Legal Name: \_\_\_\_\_  
Last First Middle Suffix

### Marital Status/Date of Birth Change

If making a change to Date of Birth, you will need to provide documentation that shows your correct Date of Birth. Please remember that if your change is to Marital Status, you may also need or want to make a corresponding change to your benefit coverage.

Marital Status:  Single  Married      Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Address/Emergency Contact Changes

**Note:** Home address is used for mailing payroll checks, tax information including W2s, and tax reporting to the IRS. All benefit enrollment information (for eligible employees) and faculty mailings are sent to this address. This is your legal residence.

#### Home Address

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Phone Number (Home)      Phone Number (Cell)      Phone Number (Campus)

#### Emergency Contact

Name: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Phone Number (Home)      Phone Number (Cell)      Phone Number (Work)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Departments:** Academic appointment forms should be submitted to the Campus Academic Affairs Office. Staff and hourly appointment forms should be submitted to IU Human Resources at [askhr@iu.edu](mailto:askhr@iu.edu) or Poplars E165, IU Bloomington.

Name: \_\_\_\_\_

**Experience/Education Changes:** Provide only additions to information previously provided (Academic and Staff employees).

**Prior Work Experience**

Dates of Employment From/To	Employer	City	State	Country	Ending Position Title
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Professional Education**

Degree	Major	School	Completion Date	State	Country
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Licenses and Certifications**

License	License #	Issued By	Issue Date	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Licenses and Certifications**

Honor or Award	Grantor	Issue Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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