

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 the University Controller 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(s):

Home: _____ Mobile: _____ Campus: _____

Emergency Contact Name/Phone:

Name: _____

Home: _____ Mobile: _____ Campus: _____

EMPLOYEE SIGNATURE

Signature: _____ Date: _____

(See reverse side for experience/education changes.)

Staff and part-time (including student) appointment forms: Submit to IU Human Resources at askhr@iu.edu or 2709 E. 10th Street, Ste 321, Bloomington, IN 47408.

IUPUI and Bloomington academic appointment forms: Submit to school/department HR.

School of Medicine academic appointment forms: Submit to acadadm@iu.edu.

All other academic appointment forms: Submit to the Campus Academic Affairs Office.

Name: _____

EXPERIENCE/EDUCATION CHANGES: Provide only additions to information previously provided (Academic and Staff employees).

Prior Work Experience

Dates of Employment	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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Honors and Awards

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

EMPLOYEE SIGNATURE

Signature: _____ Date: _____

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