

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(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 hourly appointment forms:** Submit to IU Human Resources at [askhr@iu.edu](mailto:askhr@iu.edu) or 420 N. Walnut, Bloomington, IN 47404.

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

**School of Medicine academic appointment forms:** Submit to [acadadm@iu.edu](mailto: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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**School of Medicine academic appointment forms:** Submit to [acadadm@iu.edu](mailto:acadadm@iu.edu).  
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