

Faculty, Staff, & Graduate Assistants - (Active and Inactive) Change in HR Personal Data Request

Please complete the appropriate fields below and return to the Office of Human Resources, St. Mary's Hall, RM 304, University zip +1649. **Please print clearly in all fields.** ***Student Employees – Contact Flyer Student Services to Update***

UD ID Number: _____

First, Middle, Last Name: _____

Current Status: Active Inactive | I am: Faculty Staff Graduate Assistant

Check here to indicate an address change: **Check this box to update my Permanent Address (PR)**

Current Home Address (PY - Payroll Address)	New Home Address (PY - Payroll Address)
Street:	Street:
Street Line 2:	Street Line 2:
City:	City:
State & Zip Code:	State & Zip Code:
County:	County:
Telephone (Required):	Telephone (Required):

Note to benefits eligible employees: The USA PATRIOT Act, passed in 2001, requires UD to provide its retirement vendor with identifying employee information, including your name, social security number, date of birth and a physical mailing address. PO boxes are not permitted. There is no exception.

Check here to indicate a change in marital status: (This will update your HR demographic information only. This does not update any benefits coverage or payroll taxes)

Please check one of the following choices:				Marital Status and Benefits: Please contact Benefits at 229-2539 with any questions related to your status change and benefit coverage. Benefits will require additional documentation: Marriage License (Certified Abstract of Marriage), Divorce Decree, or Death Certificate.
<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	
<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	

Check here to update your name:

(1) Check if this is a legal name change* (3) Check to change your UD Directory name ONLY

(2) My directory name should be the same as my legal name

Check here to update your gender: M F

***To change your legal name on your personnel and payroll records, please present your UPDATED Social Security Card that reflects your name change to the Office of Human Resources located in St. Mary's Hall, Room 304, between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, excluding holidays.**

Legal Name (1 & 2)		Directory Name (3)	My preferred first name is:
First Name:			
Middle Name:			
Last Name:			

HR Staff: I-9 name update and copy of source document is required for a legal name change. HR Staff Initials: _____

Employee Signature: _____ Date: ____/____/____

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Form processed on this date: ____/____/____ **By (HR EE initials):** _____