EMPLOYEE INFORMATION CHANGE FORM

☐ Name Change* ☐ Address Change ☐ Other Change

Effective Date of Change: _____ Tartan ID#: _____

○ Full-time Faculty/Staff ○ Part-Time Staff ○ Adjunct Faculty

Primary Campus:

○ **Main Campus** ○ **Centerville** ○ **Englewood** ○ **Huber Heights** ○ **Mason** ○ **Other**

Last Name:_____ First Name: _____Middle Initial: ___

Former Name (if name change): _____

Date of Birth: _____ Date of Hire: _____

Address: Street, Apt #: _____

City, State, Zip: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____

Marital Status: ○ Married ○ Single ○ Other

Spouse/Partner: _____

Is this person your emergency contact?

○ **Yes** Please provide contact phone #: _____

○ **No** Please review your emergency contact information located on My.Sinclair:
Colleague Self-Service – Employee – User Options – Emergency Information

If this is a name change, a copy of current Social Security Card must be attached (DO NOT EMAIL). Please bring to the Human Resources Department located in Building 7, Room 340. *No name can be changed on the HRIS System without a Social Security Card showing this name.

Employee Signature: _____ _____

NAME DATE

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To be completed by Human Resources Office

Forwarded to: ○ Benefits Coordinator (if applicable) ○ Payroll Office by: _____ Date:_____

Benefits Only: Updated in portals by: _____ Date: _____ ○ Medical ○ Dental ○ Vision

Rev. 01/23 **Email completed form to HRDEPT@sinclair.edu or send via inter-office to 7340.**