

EMPLOYEE UPDATE/STATUS CHANGE

Name:			
	(first)	(middle)	(Maiden)
Effective Date of Change:			
Name (Documentation required for changes			
Full Name: from		to	
Preferred First Name: from			
List only if different from legal first name. Mus	st be an acceptable version	of your legal name; nicknames a	re not permitted.
Address: from		to	Street Address
Sti	reet Address		Street Address
	' State / Zip Code		ity / State / Zip Code
County: from			
Primary Phone: from ()		to	
Call Tree Phone: from ()		to ()	
Call tree applies to full-time faculty/staff, regula	ar part-time staff, and post-re	etirement faculty; it does not apply	to temporary part-time employee
Marital Status:			
Note: To change marital status on taxes (W-2 for	rm) or to change your direct	deposit, contact the Payroll Office	at 423-585-2619 or 423-585-2625.
rom		to	
(if applicable, list spouse's name)			
Emergency Contact:			
Name		Relationship	
Address			
Phone			
EMPLOYEE SIGNATURE:			
Degree/Certificate: Documentation require	ed; attach copy of transcript,	/certificate; official transcripts are	
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