



## EMPLOYEE UPDATE/STATUS CHANGE

Name: \_\_\_\_\_  
(last) (first) (middle) (Maiden)

Effective Date of Change: \_\_\_\_\_ WS ID: \_\_\_\_\_

Name (Documentation required for changes; attach copy of SSN Card, Marriage License, Divorce Decree, etc.):

Full Name: from \_\_\_\_\_ to \_\_\_\_\_

Preferred First Name: from \_\_\_\_\_ to \_\_\_\_\_

List only if different from legal first name. Must be an acceptable version of your legal name; nicknames are not permitted.

Address: from \_\_\_\_\_ to \_\_\_\_\_  
Street Address Street Address

\_\_\_\_\_ City / State / Zip Code City / State / Zip Code

County: from \_\_\_\_\_ to \_\_\_\_\_

Primary Phone: from \_\_\_\_\_ to \_\_\_\_\_

Call Tree Phone: from (\_\_\_\_) \_\_\_\_\_ to \_\_\_\_\_

Call tree applies to full-time faculty/staff, regular part-time staff, and post-retirement faculty; it does not apply to temporary part-time employees.

**Marital Status:**

Note: To change marital status on taxes (W-2 form) or to change your direct deposit, contact the Payroll Office at 423-585-2619 or 423-585-2625.

from \_\_\_\_\_ to \_\_\_\_\_

(if applicable, list spouse's name) \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Degree/Certificate: Documentation required; attach copy of transcript/certificate; official transcripts are required for the personnel file.

Degree/Certificate and field \_\_\_\_\_

Awarding institution/organization \_\_\_\_\_ Date Received \_\_\_\_\_

Other Changes: from \_\_\_\_\_

to \_\_\_\_\_

APPROVALS: (The following signatures are required for degree/certificate status changes only.)

\_\_\_\_\_  
Immediate Supervisor Date

\_\_\_\_\_  
Administrator Date

\_\_\_\_\_  
President Date

HR Processing:	
____ SACS Database	____ Banner
____ Salary Roster/PERMAN	____ TCRS online
____ Degree Change List	____ Minnesota Life (CSR/online)
____ Edison (ID _____)	____ Retiree List
____ Edison ID List	