



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
____ Catalog	____ Degree Change List
____ Edison (ID _____)	____ Edison ID List
____ Salary Roster/PERMAN	____ TCRS online
____ Minnesota Life (CSR/online)	____ Retiree List