

# MARIST COLLEGE

## Employee Information Change Form

Please PRINT. Fill out this form completely, return to Human Resources, Donnelly Hall, Room 120.

Current Information	<b>I hereby authorize Marist College to change the following information on <u>all</u> of my records.</b>		
	Employee Name: _____ Employee CWID#: _____ Effective Date of Change: _____ <b><u>Indicate all that apply:</u></b> <input type="checkbox"/> Address Change <input type="checkbox"/> Degree Status Change (must submit degree transcripts) <input type="checkbox"/> Marital Status Change* (must supply proof of change) <input type="checkbox"/> Phone # Change <input type="checkbox"/> Dependent Change* <input type="checkbox"/> Name Change		
New Name / Address	<b><u>New Information:</u></b>		
	_____	_____	_____
	Last Name	First Name	Middle Initial
	_____	_____	_____
Street Address	City & State	Zip	
_____	_____		
Telephone Number			
Spouse/Dep. Change	<b>* You MUST see a Benefits Administrator in Human Resources to make a change in coverage for your spouse and/or dependent.</b>		
	<input type="checkbox"/> Add <input type="checkbox"/> Remove		
	Spouse's Name: _____	DOB: _____	
Dependent's Name: _____	DOB: _____		
<b><u>Check the areas below that apply to you so we can notify other appropriate departments:</u></b>			
<input type="checkbox"/> Faculty/Adjunct Employee	<input type="checkbox"/> Administrative Employee	<input type="checkbox"/> Retiree	
<input type="checkbox"/> Current Student (Registrars)	<input type="checkbox"/> Hourly Employee	<input type="checkbox"/> Alumni	

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date