

# ROCHESTER INSTITUTE OF TECHNOLOGY

## Employee Change of Personal Information

When you have a change in name, address, emergency contact information, etc, please provide the new information below. Deliver or mail the completed form to the Human Resources Department, George Eastman Building, 5<sup>th</sup> floor. Changes in personal information also can be made through Employee Self Serve in Oracle. Name changes need to be done in person in Human Resources; please be prepared to show your new Social Security Card.

### EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Employee No.: \_\_\_\_\_

Department Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Pay Frequency:  Semi-Monthly  Bi-Weekly

### TYPE OF CHANGE

Name (you will need to show your new Social Security Card before this change can be made)

Home Address  Home Phone

Work Address  Work Phone

Emergency Contact Information

Other (specify) \_\_\_\_\_

Effective Date of Change(s): \_\_\_\_\_

### NEW INFORMATION

Provide only the information that needs to be changed.

#### Employee Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Unlisted?  Yes  No

Work Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

#### Emergency Contact Information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### EMPLOYEE SIGNATURE

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

\_\_\_\_\_  
Date