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, 5th 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, passport, or driver's license with the new name.

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 a passport, driver's license, or social security card that shows new name)

❑ 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