

Employee Information & Change Form

Please select one: ☐ New Employee ☐ Change

Full Legal Name: _____ Date of Birth _____

Name Change: (Former Name) _____

Please note name changes will prompt a change in your email address. Legal documentation is required.

Street Address: _____

Mailing Address: _____
(please complete if *different* from street address)

Home Phone No. _____ Cell Phone No. _____

In case of Emergency please contact: _____

Emergency Contact Phone: _____

☐ Spouse ☐ In-law ☐ Parent ☐ Friend ☐ Other _____

***PLEASE NOTE: DUE TO THE COLLEGE'S RED FLAG POLICY, THIS FORM MUST BE
RETURNED TO HUMAN RESOURCES OR DESIGNATED REPRESENTATIVE ON THE
NEWBURGH CAMPUS IN PERSON WITH THE APPROPRIATE ID***

Signature

Date

Please do not mark below this line - Office Use Only

Department: _____ Ext & Build/Room _____

Start Date: _____ Title: _____ A # _____

___ *Banner*
___ *Access*
___ *File*

___ *Academic Affairs (Faculty Changes)*
___ *Payroll (all Changes)*
___ *President's Office (FT Changes)*