



Employee Address and Personal Information Change Form

PLEASE PRINT CLEARLY AND COMPLETE ONLY THE SECTIONS REQUIRING UPDATES.

Name: _____ Employee ID #: _____ or SSN: _____

Current status: Employee Retiree

 Name Change (Name changes can only be processed after you obtain an updated Social Security Card with the new name. A copy of the card must be presented to make the change. The name will be changed to what is listed on the Social Security Card.)

Current Name on File: _____ New Name: _____

Address Change

Old Address _____ New Address* _____

Local Phone: (____) ____-____ Add Change Delete

Cell Phone: (____) ____-____ Add Change Delete

Do you live within the city limits? Yes _____ No _____

Public School District of Residence: _____

Have you moved from a city that requires a city tax deduction? Yes _____ No _____

Have you moved from a school district that requires a school income tax deduction? Yes _____ No _____

Marital Status Change

Select One: Married Widowed Other _____
 Legally Separated Divorced

Notice to employees/retirees: By completing and submitting this form, you authorize Hocking College to change your personal information for payroll and benefits purposes. If a marital status change means that you would like to add or remove dependents from health insurance, you will need to complete enrollment information for those programs within 30 days of the qualifying event. Human Resources will notify all benefit providers of address changes with the exception of State Teachers' Retirement System (STRS) and State Employees' Retirement System (SERS)..

Signature: _____ Date: _____

Human Resources Use Only

Initial/Date: _____ Payroll _____ Benefits: _____

Return completed form to:
Human Resources
JL241
Phone: (740) 753-7041
Fax: (740) 753-7039