

DUQUESNE UNIVERSITY
OFFICE OF HUMAN RESOURCE MANAGEMENT

Employee Change Information Form

Instructions: Please **PRINT** name, social security number, and all pertinent information you wish to change.
Submit this form to Human Resource Management for processing.
Incomplete forms will be returned and delay processing.

1. Action you wish to be taken: ✓ <input type="checkbox"/> Change of permanent address <input type="checkbox"/> Change of local address <input type="checkbox"/> Name Change (HR must photocopy your Social Security card before this change can be recorded.) <input type="checkbox"/> Change of Social Security Number (HR must photocopy your Social Security card before this change can be recorded.)	OFFICIAL USE ONLY ADR Check Card Duflex TIAA AIG-Valic Fidelity Union Tax
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2. Employee or Student Status: ✓

- Full Time Employee
- Part Time Employee
- Student
- Other: please specify _____

3. Please clearly print the following information:

* Name **MUST** be printed as it appears on your Social Security Card *

Social Security Number _____ - _____ - _____
First Name _____ Middle Initial _____
Last Name _____

Name Changes Only

Please provide the name currently used for
your Duquesne University Records:

Last Name: _____
First Name: _____
Middle Initial: _____

4. Please complete and provide the following information:

Old Address:
Street _____ Apt # _____
City, State, Zip Code _____
Telephone Number _____

New Address:
Street _____ Apt # _____
City, State, Zip Code _____
Telephone Number _____

Tax Municipality Change Yes No

5. Signature _____ **Date** _____

This form is not a valid request without the employee's signature or a valid substitute document.