

ON-CAMPUS INFORMATION CHANGE FORM

Human Resources

Completing this form will change your employee information in the payroll system and subsequently any reports, directories, rosters, and mailing lists/labels distributed throughout campus.

This form must be signed and dated by you and your Director/Dean or it will NOT be processed.

Name: _____ Tech ID or SSN: _____

REQUESTED DATA CHANGES

Please complete **ONLY** the items that are to be changed and the effective date.

If your position is split between 2 departments, list the 2nd department information on line #2.

Department:

1. _____ 2. _____
This should be the primary department to which you are assigned.

Actual Office Location:

1. _____ 2. _____
(Building & Room) (Building & Room)
This may be different from your mail code and should include the building and room number of your actual office. (Maintained for safety purposes also)

Mail Code:

1. _____ 2. _____
(Building & Room) (Building & Room)
This is where your mail will be sent and may be different than your actual office location.

Office Phone:

1. _____ 2. _____
This phone number will appear in publications such as the directory. If you are not listing your personal office phone number, please notify your department's secretary.

Supervisor/Dean:

Please include their first and last name. For faculty, your supervisor is your Dean.

Working Title:
(Not Classification)

NOT CLASSIFICATION

*This is **different from your classification** and is assigned by your director or dean. It should reflect your actual job for example: Secretary, Faculty, Chairperson, Coach, Director etc. (This title should not include your rank)*

Effective date of change: ____/____/____

Employee's Signature _____ Date _____

Director/Dean's Signature _____ Date _____

By signing this you are authorizing the above changes be made to the employee's information.

For questions contact Human Resources at 389-5401
 Please return the completed form to Human Resources, WA 336