



\*\*\*PLEASE PRINT\*\*\*

Utilize this form to notify the Division of Human Resources about changes to your permanent home address, your phone number, or your name. If using the form to change your name you will need to attach a copy of legal proof of the change. This form will be used to update your records in Banner and in the Faculty/Staff Directory. You will need to notify benefit carriers of these changes for the plans in which you have chosen to participate.

Please fill out this form completely and return to:

Human Resources  
21 Union Street, 2<sup>nd</sup> Floor  
Troy, New York 12180  
Fax (518) 276-6370

Employee Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Retiree Employee RIN: \_\_\_\_\_

**Former Information:**

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address City and State Zip Code

\_\_\_\_\_  
Telephone Number

**New Information:**

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address City and State Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature Effective Date of Change

For HR Use Only: \_\_\_\_\_ Banner \_\_\_\_\_ Benefits \_\_\_\_\_ HRIS \_\_\_\_\_ Retirement \_\_\_\_\_ File\*\*

\*\*If confidential payroll give to Anne Bilynsky.