



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. 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, 2nd 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 _____Retirement _____File