

Change of Information Form

Please complete all applicable information and return the signed form to the Human Resource Office,
Wheeling Campus, Room 125, 1704 Market Street, Wheeling, WV 26003

Employee Name:

Social Security #:

What information would you like us to change?

Name

Address

Telephone Number

Please submit your changes below:

Name change from:

to:

(Please provide the Human Resource Office documentation for name changes. (Marriage License, Court Order)

New Address:

City

State

Zip Code

Telephone:

Home Number

Cellular Number

Effective Date of Change:

I authorize the release of this information to the Human Resource Office and the Accounts Payable Office for Travel reimbursement.

Signature

Date

There may be other documents that need to be completed. To notify your benefit carriers of this change, please check with the HR Office for additional directions.

For Human Resource Office Use Only:

Banner

EPICS

Personnel Program *(Name Only)*

WV-11

cc: Accounts Payable *(date _____)*