

ARKANSAS TECH UNIVERSITY  
PERSONNEL DATA CHANGE/UPDATE FORM

Russellville: \_\_\_\_\_  
Ozark Campus: \_\_\_\_\_

**\*\*CERTIFIED DOCUMENTATION IS REQUIRED WHEN MAKING CHANGES TO NAME, SSN, AND MARITAL STATUS.**

Documentation and form should be brought to Human Resources, Brown Hall, Suite 434 for updating. Acceptable documents for name changes include court documents, Social Security Card, and Driver's License. Social Security card is required to update name changes.

Employee's Name: \_\_\_\_\_ Banner T Number: \_\_\_\_\_

If name change, please provide previous name: \_\_\_\_\_ (Documentation Required)

ADDRESS/PHONE NUMBER CHANGE

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_  Primary  Unlisted  Cell Phone

CITIZENSHIP OR MARITAL STATUS CHANGE (Documentation Required)

Citizenship:  Citizen  Non-Citizen  Resident Alien

Marital Status:  Married  Divorced  Single  Widowed

EMERGENCY CONTACT CHANGE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

ADDING DEPENDENTS (to add eligible dependents: Spouse, Children)

Legal Full Name: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Attending College:  Yes  No

Legal Full Name: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Attending College:  Yes  No

**FOR HUMAN RESOURCES USE ONLY**

DATE HUMAN RESOURCES RECEIVED: \_\_\_\_\_

DATE BANNER SYSTEM UPDATED: \_\_\_\_\_

PPAIDEN (Name, Address, Citizen/Marital status and/or EM)  PEAEMPL (SSC/Name Change)  PDABENE (Dependents)

BENEFIT SYSTEMS TO UPDATE FOR NAME/ADDRESS CHANGES

BCBS \_\_\_\_\_  Data Path \_\_\_\_\_  USABLE \_\_\_\_\_  TIAA \_\_\_\_\_  APERS \_\_\_\_\_