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 420 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.

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: Phone #:	nployee's Name: Banner T Number:					
Mailing Address:	f name change, please provide previous name:		(Documentation Required)			
Home Phone Number: Primary Unlisted Cell Pho CTTZENSHIP 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: Gender: Male Pemale Attending College: Yes No Social Security Number: Legal Full Name: Relationship to Employee: Relationship to Employee: Relationship to Employee: Relationship to Employee: Relationship to Employee:	ADDRESS/PHONE NUMBER CHANGE					
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: Phone #:	Mailing Address: (City:	Sta	ıte: Zip) Code:	
Citizenship: Citizen Non-Citizen Resident Alien Marital Status: Married Divorced Single Widowed EMERGENCY CONTACT CHANGE Last Name: First Name: Phone #:	Home Phone Number:		□ Primary	□ Unlisted	□ Cell Phone	
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: Attending College: Yes No Social Security Number: Legal Full Name: Relationship to Employee: Relationship to Employee:	CITIZENSHIP OR MARITAL STATUS CHANGE (Documentat	tion Required)				
EMERGENCY CONTACT CHANGE Last Name: First Name: Phone #: Address: Street City, State Zip ADDING DEPENDENTS (to add eligible dependents: Spouse, Children) Legal Full Name: Relationship to Employee: Pemale Attending College: □ Yes □ No Social Security Number: Relationship to Employee: Pemale	Citizenship: Citizen Non-Citizen Resident Alien	•				
Last Name: First Name: Phone #: Address: Street	Marital Status: □ Married □ Divorced □ Single □ Widowed					
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 Social Security Number: Relationship to Employee:	EMERGENCY CONTACT CHANGE					
Address: Street City, State Zip ADDING DEPENDENTS (to add eligible dependents: Spouse, Children) Legal Full Name: Date of Birth: Gender: Gender: Relationship to Employee: Legal Full Name: Relationship to Employee: Relationship to Employee: Relationship to Employee:	Last Name:	First Name: _				
ADDING DEPENDENTS (to add eligible dependents: Spouse, Children) Legal Full Name: Relationship to Employee: Date of Birth: Gender: □ Male □ Female Attending College: □ Yes □ No Social Security Number: Relationship to Employee:	Relationship:					
ADDING DEPENDENTS (to add eligible dependents: Spouse, Children) Legal Full Name: Relationship to Employee: Date of Birth: Gender: □ Male □ Female Attending College: □ Yes □ No Social Security Number: Relationship to Employee:	Address:					
Legal Full Name: Relationship to Employee: Date of Birth: Gender: □ Male □ Female Attending College: □ Yes □ No Social Security Number: Legal Full Name: Relationship to Employee:						
Legal Full Name: Relationship to Employee: Date of Birth: Gender: □ Male □ Female Attending College: □ Yes □ No Social Security Number: Legal Full Name: Relationship to Employee:	ADDING DEPENDENTS (to add eligible dependents: Spouse, Chi	ildren)				
Date of Birth: Gender: □ Male □ Female Attending College: □ Yes □ No Social Security Number: Legal Full Name: Relationship to Employee:	Legal Full Name:		Relationship to	Employee:		
Legal Full Name: Relationship to Employee:	Date of Birth:	Ge	:nder: □ Male	□ Female		
	Attending College: Yes No Social Security Number:					
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Date of Birth: Gender: Dale Demale			_			
		Ge	nder: □ Male	□ Female		
Attending College: No Social Security Number:	Attending College: Yes No Social Security Number: _					
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FOR HILMAN RESOURCES LISE ONLY				ORM:		
FOR HUMAN RESOURCES USE ONLY DATE AND SIGNATURE OF HR REPRESENTITIVE THAT RECIEVED COMPLETED FORM:	DATE BANNER SYSTEM UPDATED:					
DATE AND SIGNATURE OF HR REPRESENTITIVE THAT RECIEVED COMPLETED FORM:	□PPAIDEN (Name, Address, Citizen/Marital status and/o	or EM) □PEAEM	1PL (SSC/Name Ch	ange) □PDABENI	∃ (Dependents)	
DATE AND SIGNATURE OF HR REPRESENTITIVE THAT RECIEVED COMPLETED FORM:	BENEFIT SYSTEMS TO UPDATE FOR NAME/ADDR	ESS CHANGES				
DATE AND SIGNATURE OF HR REPRESENTITIVE THAT RECIEVED COMPLETED FORM: DATE BANNER SYSTEM UPDATED:	□APERS					
DATE AND SIGNATURE OF HR REPRESENTITIVE THAT RECIEVED COMPLETED FORM: 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	ONCE THE ABOVE AREAS HAVE BEEN UPDATED, S	SCAN AND SAVI	E IN APPX UNDER	E EMPLOYEE INF	O FORM	