

ELON UNIVERSITY

Office of Human Resources Faculty/Staff Information Change Form

The information you provide below will be used to update your file and the Faculty/Staff Directory **unless you wish some portion excluded. You should indicate where prompted any portion you do not wish to be included in the directory.** If any of the information below changes after you have returned this form, please notify the Office of Human Resources. Please PRINT or TYPE the following information, and either submit the form electronically or send it to the Office of Human Resources, 2070 Campus Box. **If this is a name change, faculty/staff are legally required to present an updated social security card (for payroll & I-9 purposes) to the Office of Human Resources.** Please do not send copies of your social security card through the mail.

Faculty and staff members that experience a qualifying event are able to make changes to their health plan elections within **30 days of that event.** For more information on the definition of a qualifying event, please visit: [http://www.elon.edu/docs/e-web/bft/hr/ChangeInStatusQualifying%20Events%202014\(1\).pdf](http://www.elon.edu/docs/e-web/bft/hr/ChangeInStatusQualifying%20Events%202014(1).pdf). Faculty/staff should notify the Office of Human Resources and complete the necessary life status change paperwork.

University ID# _____ **OR** Last four digits of your Social Security Number (Needed for data entry/payroll purposes. **Will not be included in the Faculty/Staff Directory.**)
 Faculty Staff
 Mr. Ms. Mrs. Miss Mx. Dr.
Legal Name (last, first, and middle) _____

Name Change To (last, first, and middle) _____

Preferred/Nickname (Directory Display Name) _____

Name of spouse/Name of domestic partner (circle one) _____ Include in Printed Directory?: Yes No
Mailing Address Include in Printed Directory?: Yes No

Street or P.O. Box _____

City _____ State _____ Zip _____ County _____

Contact Information

Home Phone # (include area code) _____ Include in Printed Directory?: Yes No

Cell Phone # (include area code) _____ Yes No

Department _____

Office location (building and office number) _____

Campus Box # _____ Campus Phone Extension (the number you want listed in the Faculty/Staff Directory) _____

Emergency Contact Information

Name (Primary) _____ Phone # (include area code) _____

Name (Primary) _____ Phone # (include area code) _____

Signature: _____ **DATE** _____

OFFICE OF HUMAN RESOURCES ONLY

NAE _____ EMER _____ BNDS _____ OFFI _____ I-9 _____ FILE TABS _____ FAC/AA _____

HR Rep. _____ DATE _____