



Office of Human Resources - Employee Information Change Form

The information you provide below will be used to update your file. **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. 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. Contact hr@elon.edu with questions or for more info.

Last four digits of your Social Security Number OR University ID (7 digits):

Mr. Ms. Mrs. Miss Mx Dr.

Legal Name: (last, first, middle):

Is this a name change?

Yes No

Preferred Name/Campus Name:

Married? Yes No Name of Spouse/Domestic Partner:

Gender? Male Female Prefer to self describe:

Mailing Address:

Street:

City: State: Zip Code:

Contact Information:

Home Phone: Cell Phone:

Position Information:

Extension: Campus Box: Office Location:

Emergency Contact Information

Name and Relationship: Phone Number:

Name and Relationship: Phone Number:

Veteran Status

Not a veteran Active Wartime or Campaign Badge Veteran Not a Protected Veteran

Protected Veteran Armed Forces Service Medal Veteran Discharge Date:

Are you a Disabled Veteran? Yes No I do not wish to self-identify

Employee Signature (electronic signature is accepted): **Date:**

Office of Human Resources Use Only

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Human Resources Representative: Date: