WASHINGTON COLLEGE
EST. 1782

Office of Human Resources
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PERSONAL INFORMATION CHANGE FORM

This form is used for personal information changes for current Washington College employees. Complete all applicable sections and Submit to the Office of Human Resources.

Today's Date: _____/_____/_____ Effective Date: _____/_____/_____

A. EMPLOYEE PROFILE*Required*

Employee Social Security #: _____- _____-_____ College ID #: _____

Employee's Proper Name: _____ _____ _____ _____
First Name Middle Last Name Suffix

B. NAME CHANGE

Must present new Social Security card to Human Resources that reflects name change. Updated State &Federal Tax Withholding Form required.

Previous Name: _____
First Name Middle Initial Last Name

Current Name: _____
First Name Middle Initial Last Name

C. CHANGE OF MARITAL STATUS

Updated State &Federal Tax Withholding Form required.

☐ Single ☐ Married Spouse Name: _____

D. ADDRESS or TELEPHONE CHANGE

	Previous	Current
Street Number & Name or P.O. Box:		
City, State, Zip:		
Primary Phone:	( ) - Home ☐ Mobile ☐	( ) - Home ☐ Mobile ☐
Secondary Phone	( ) - Home ☐ Mobile ☐	( ) - Home ☐ Mobile ☐

☐ Apply this change of address/telephone to my spouse and dependents.

E. EMERGENCY CONTACT INFORMATION

Name: _____ Phone: (_____)_____-_____
First Name Middle Initial Last Name

Relationship to Employee: _____

F. BENEFIT ELIGIBLE EMPLOYEES *Required*

If you are a **benefit eligible employee**, you **MUST** update your information through the HR Connection benefits portal.

1. Please visit https://www.hrconnection.com/ and log in with your username and password
2. Click the "My Information" tab
3. Click "My Personal Information" from the dropdown menu
4. Enter applicable changes
5. Click "Save

I certify that all information that provided above is accurate and complete. I hereby authorize the Office of Human Resources to make these changes to my employment record.

_____ _____
Signature Date