WASHINGTON COLLEGE

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.

Effective Date: _____/_____/_____ College ID #: _____

A. EMPLOYEE PROFILE* *Required*

Employee Social Security #: _____- _____-_____ Employee Date of Birth: _____/_____/_____

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

B. NAME AND TITLE CHANGE

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

Previous Name: _____
Prefix/ Title First Name Middle Initial Last Name Suffix

Current Name: _____
Prefix/ Title First Name Middle Initial Last Name Suffix

C. CHANGE OF MARITAL STATUS

Updated State &Federal Tax Withholding Form required.

☐ Single ☐ Married Spouse Name: _____

D. MAILING 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. AUTHORIZATION *Required*

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

G. BENEFIT ELIGIBLE EMPLOYEES *Required*

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

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

HR USE ONLY			
CHANGE	☐NAE	☐UHC	☐IHS
COMPLETED			