

Employee Update  
Name/Address/Phone

Name: \_\_\_\_\_ JICS# \_\_\_\_\_

New Name (if applicable): \_\_\_\_\_

Previous Address: \_\_\_\_\_

Street/Apt.

City

State

Zip

New Address: \_\_\_\_\_

Street/Apt.

City

State

Zip

Previous Phone: \_\_\_\_\_ Effective Date: \_\_\_\_\_

New Phone (if applicable): \_\_\_\_\_

Return to Human Resources Office

Office Use Only

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Inform Dean's Office | <input type="checkbox"/> Update Directory          | <input type="checkbox"/> Update Retirement System      |
| <input type="checkbox"/> Update Jenzabar      | <input type="checkbox"/> Update Insurance & Census | <input type="checkbox"/> Update FSA, 403(b), Sup. Cov. |