

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): _____

Signature

Return to Human Resources Office

Office Use Only

- Inform Dean's Office
- Update Jenzabar

- Update Directory
- Update Insurance & Census

- Update Retirement System
- Update FSA, 403(b), Sup. Cov.