



Employee Information Change Form

NAME: (Please print)		POSITION NO: (For office use only)	
BIRTHDATE:		LAST FOUR DIGITS OF SSN:	MU ID NUMBER: (901XXXXXX)

NAME CHANGE INFORMATION

PLEASE NOTE: A copy of your Social Security card is **required** if changing information regarding NAME and/or SOCIAL SECURITY NUMBER.

	PREVIOUS	NEW
Last Name:		
First Name:		
Middle Name:		
Preferred First Name:		
Prefix: (Dr., Mrs., Mr., Miss, etc.)		
Suffix: (Jr., Sr., III, etc.) (Does not mean degree or certification – e.g. MBA, CPA)		

Gender Designation:		Female	Personal Pronoun:		He / Him
		Male			She / Her
		Nonbinary			They / Them
		Other gender designation			Other pronoun set

SOCIAL SECURITY NUMBER CHANGE INFORMATION

	PREVIOUS	NEW
Social Security Number:		
MU ID Number:		

ADDRESS CHANGE INFORMATION

Please mark all address change boxes that apply.

	<input type="checkbox"/> PR – Permanent		<input type="checkbox"/> WP – MU Employee Payroll Address
Address Line 1:			
Address Line 2:			
Address Line 3:			
City:		State:	ZIP:
County:		Nation:	
Telephone (home):			
Telephone (work):			
Telephone (campus):			

By signing below, I certify that the information provided is correct.

DATE:		EFFECTIVE DATE FOR CHANGES:	
ROUTING (For office use only)	<input type="checkbox"/> Payroll	<input type="checkbox"/> Human Resource Services	

SUBMIT COMPLETED FORMS TO PAYROLL 203 OLD MAIN, HR 207 OLD MAIN,