

Fordham University

Personal Change Form

Please return completed form to Human Resources, FMH 506

Employee Information

Employee Name: _____

FIDN: _____

Name Change/Marital Status/Social Security Number Change

Please Note:

- If the name change is a spelling or format correction, no additional documentation is required.
- To change your marital status for tax purposes, please fill out the payroll tax forms. This information is intended to update your marital status for Benefits and Human Resources demographic reporting purposes only.
- If the name and/or marital status change is an official change, then the appropriate documentation is required.
- Name changes do not generate new email accounts.

Social Security Card Marriage License Divorce Papers Court Order Other _____

New Name: _____

New Marital Status: Single Married Divorced Separated Widowed Other _____

Federal regulations require employers to validate that each employee's social security number matches the social security number which appears on the individual's social security card to ensure proper tax reporting. Therefore, in order to change your social security number, present your social security card along with this form to the Human Resources Office.

New Social Security Number: _____ - _____ - _____

Address Change

Please check all that apply:

Permanent Address Check Mailing Address Campus Address (for inter-office correspondences only)

Please Note:

- You must submit new completed payroll tax forms (W-4 and IT-2104) for a permanent address change, only if there is a change in your tax jurisdiction. This information is required in order to ensure the accuracy of your income taxes.

Change in tax jurisdiction Tax jurisdiction remains the same

New Permanent Address/Check Mailing Address:

Street: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

International Region (for foreign addresses only): _____ Country: _____

New Phone Number: () _____ - _____ New Cell Phone Number: () _____ - _____

Department (if you would like your check mailed to your department): _____

New Campus Address:

Department: _____ Work Phone/Extension: _____

Building: _____ Floor: _____ Room: _____

Emergency Contact

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: () _____ - _____

Authorized Signatures

Employee: _____

Date: ___/___/___

HRIS: _____

Date: ___/___/___