

P.O. Box 910, La Plata, MD 20646 Human Resources FAX: 301-934-7678

Employee Demographic Data Change Form Please complete the appropriate change request using the corresponding instructions.

Name:			
Last		First	MI
Faculty/Staff ID#:	or last four digits	of Social Security #:	
Birth date:/			
Request:			
Address Change (Please	see instructions for addit	ional step needed if cha	nging counti
Previous Address		New Address	
Name Change (Please see	e instructions for addition	al step needed.)	
Former Name		New Name	
Telephone Change			
Day Telephone		Evening Telephone	
,		0 - 1 - 1	
Email Change By providing your email address, you a		mail you periodic information r	
Signature:		Date: /	/

Employee Demographic Data Change Form Instructions

Employee Instructions

Name Change:

A new Social Security card, along with this completed form, must be provided as verification to the Human Resources office. For information on how to obtain a new Social Security card, visit www.ssa.gov. If your name change is due to a change in marital status, you should submit an updated W-4 (federal tax withholding form).

Address Change:

Moves between counties within Maryland, or to a different state other than Maryland, require you to complete a new state tax withholding form.

Print out and complete the Employee Demographic Change Form and forward to Human Resources.