

COMMUNITY COLLEGE OF RHODE ISLAND  
Office of Human Resources  
825-2311

**NOTIFICATION OF PERSONAL CHANGES TO PERSONNEL FILE**

**CHANGE IN:** Name  Address  Phone#  Marital Status  Education

SOC. SEC. #: \_\_\_\_\_ NAME: \_\_\_\_\_

CURRENT ADDRESS ON RECORD: \_\_\_\_\_

**CHANGE THE FOLLOWING INFORMATION TO:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City, State Zip)

TELEPHONE: \_\_\_\_\_ Listed  Unlisted

EDUCATION: \_\_\_\_\_  
*Degree-- Please attach documentation for your personnel file*

MARITAL STATUS: Single  Married  Divorced  Widowed

Effective Date: \_\_\_\_\_

Spouse: \_\_\_\_\_  
Name D.O.B.

*If your last name differs from that of your spouse, you must supply us with a copy of your marriage certificate.*

**Please Note:** Changes to benefits are not automatic. If you wish to update Federal withholding, health insurance, life insurance, retirement, savings bonds, RI Credit Union information or the Emergency Notification form, please contact the Office of Human Resources for the appropriate forms.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date