

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