

# SPRINGFIELD COLLEGE

Office of Human Resources

## CHANGE OF PERSONAL INFORMATION

PLEASE INDICATE WHAT YOU ARE CHANGING

Will these changes affect :

Name

Address

Phone #

Health Insurance

TIAA – CREF

Marital Status

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Status: FT PT FACULTY ADJUNCT STUDENT PROJECT TEMP

Department: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

### OLD INFORMATION

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_

### NEW INFORMATION

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_

**NOTE:** If change of status affects Health Insurance or TIAA –CREF benefits, please contact the Office of Human Resources. Submit this form to the Office of Human Resources to ensure efficient delivery of services.