## UNIVERSITY OF DETROIT MERCY HUMAN RESOURCES & PAYROLL DEPARTMENT Personal Information Change Form

Please PRINT LEGIBLY and sign and date at the bottom of the form.

Your Name:

Type of Change (check all that apply)  Name  Name Change Instructions:  Detroit Mercy employees need to notify Human Resources as soon as possible after a name change. Required is an updated For I-9, which verifies identity and employment eligibility as required by the Federal Government.  The employee must present to HR their Social Security Card or Receipt from the Social Security Administration.  HR will complete Section III of the Form I-9 and attach the Social Security Card.  The employee can update their marital status on Tax Forms: W-4 (Federal Withholding), MI-W4 (State of Michigan Withholding), W4 (City of Detroit).  Address (Home)  Telephone Number (Home and/or Cell Phone)	rm
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Address (Home)  Telephone Number (Home and/or Cell Phone)	
Telephone Number (Home and/or Cell Phone)	
Marital Status	
Marital Status Instructions:	
Required documentation marriage license or divorce decree.	
Immigration Status (Re-verification)	
Immigration Status (Re-verification) Instructions: (Read policy on Immigration Law Compliance)	
Detroit Mercy employees need to notify Human Resources as soon as possible of change in visa status. Required is an updated	
Form I-9 which verifies identity and employment eligibility as required by the Federal Government.	
Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expir	es.
➤ For reverification, an employee must present unexpired documentation from either List A or List C showing he or she i	i
authorized to work.	
➤ The employee may choose which document to present.	
➤ HR will complete Section III of the Form I-9 and attach the evidence of employment authorization (List A or List C	
document) or if needed a new Form I-9 must be completed by the employee.	
Employee Name:	
(as currently shown in our records) Last Name First Name Middle Name	
New Name:	
Last Name First Name Middle Name	
Employee ID #/Social Security Number:	
Employee is in social security mainter.	
Employee Home/Cell Phone (with area code):	<u> </u>
Employee Home/Cell Phone (with area code):  Local Street Address:  City, State, Zip Code (& Country if not U.S.):	
Employee Home/Cell Phone (with area code):	
Employee Home/Cell Phone (with area code):  Local Street Address:  City, State, Zip Code (& Country if not U.S.):  > Does this address update also apply to W-2 mailings? (check one)YesNo	
Employee Home/Cell Phone (with area code):  Local Street Address:  City, State, Zip Code (& Country if not U.S.):  > Does this address update also apply to W-2 mailings? (check one)YesNo	
Employee Home/Cell Phone (with area code):  Local Street Address:  City, State, Zip Code (& Country if not U.S.):  Does this address update also apply to W-2 mailings? (check one)YesNo  Emergency Contact:	
Employee Home/Cell Phone (with area code):  Local Street Address:  City, State, Zip Code (& Country if not U.S.):  Does this address update also apply to W-2 mailings? (check one)YesNo  Emergency Contact:  Last Name  First Name  Middle Initial	
Employee Home/Cell Phone (with area code):  Local Street Address:  City, State, Zip Code (& Country if not U.S.):  Does this address update also apply to W-2 mailings? (check one)YesNo  Emergency Contact:  Lost Name First Name Middle Initial  Emergency Contact Phone Number (with area code):	