

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: _____
(as currently shown in our records) Last Name First Name Middle Name

Employee #: _____ Daytime Phone Number: _____

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 Form I-9, which verifies identity and employment eligibility as required by the Federal Government.	
<ul style="list-style-type: none"> ➤ 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)
	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.	
<ul style="list-style-type: none"> ➤ Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. ➤ For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is 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 NameNew Name: _____
Last Name First Name Middle Name

Employee ID #/Social Security Number: _____

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) ___ Yes ___ NoEmergency Contact: _____
Last Name First Name Middle Initial

Emergency Contact Phone Number (with area code): _____

Marital Status: ___ Married ___ Divorced ___ Separated ___ Single ___ Widowed

Employee Signature _____ Date _____

Human Resources Signature _____ Date _____