ALVIN COMMUNITY COLLEGE

PERSONAL DATA

New Hires: Please complete the entire form, sign, and return to HR (or C.E. if applicable).

Current Employees / Retirees: Use for any changes in name, address, phone number(s), and E-Mail address changes.

This notice will initiate / update / change Alvin Community College information only. To make the change for other agencies associated with Alvin Community College (ERS/TRS/ORP/Credit Union Accounts), you will need to notify and/or complete the appropriate paperwork for each agency / company.

Request for name change requires a copy of the social security card with the new name.

(PLEASE PRINT OR TYPE)

SECTION I **TYPE OF TRANSACTION**

☐ NEW HIRE ☐ NAME CHANGE ☐ ADDRESS CHANGE ☐ PHONE CHANGE ☐ E-MAIL

SECTION II **EMPLOYEE / RETIREE INFORMATION**

EMPLOYEE ID: _____ **AUTHORIZATION DATE:** _____

NAME: _____ (Last) _____ (First) _____ (M.I.)

JOB TITLE: _____ **DEPARTMENT:** _____

FORMER NAME: _____
(IF APPLICABLE)

SECTION III **ADDRESS / PHONE / E-MAIL INFORMATION**

MAILING ADDRESS: _____
(Street or P.O. Box)

_____ (City)* _____ (State)* _____ (Zip)

HOME PHONE: _____ ALT PHONE/PAGER: _____

WORK PHONE: _____ CELL PHONE: _____

E-MAIL: _____

SECTION IV **EMERGENCY CONTACT INFORMATION**

NAME: _____ **RELATION:** _____ **PHONE:** _____

EMPLOYEE / RETIREE SIGNATURE: _____ **DATE:** _____

ωωω NOT VALID UNLESS SIGNED AND DATED ωωω

(R 04/22/2010)