

CHANGES TO PERSONNEL INFORMATION

Date: ___/___/___ Name Change: ___ Address Change: ___ Other: ___

SS# or Employee ID#: _____

PERSONAL CONTACT INFORMATION:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

If this is an unlisted number/cell, please check here: _____

Other: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: _____

Address: _____

Phone: _____

Relationship: _____

Completed form should be forwarded to the Human Resources/Payroll Office.

This form will not change any information on IHCC Alert. You can manage your IHCC Alert profile by following the instructions found at: <http://www.indianhills.edu/alert>
When you no longer wish to receive IHCC alerts, you will need to remove all the alert options you have set up.

HUMAN RESOURCES OFFICE USE ONLY

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