**CONTACT INFORMATION UPDATE**

|  |
| --- |
| **EMPLOYEE INFORMATION** |
|  |
| Employee Name: |  | Department: |  |
| UW System Title: |  | FTE %: |  |
| Working Title:  |  | Supervisor: |  |
|  |
| **HOME CONTACT INFORMATION** |
|  |
| Updated Address: |  |
| City, State, ZIP: |  |
| Phone Number:  |  |
| *For legal name changes, you will need to present documentation (i.e. Social Security Card or ID) to Human Resources for verification of a name change.* |
|  |  |  |
| *Employee Signature* |  | *Date* |
|  |
|  |
| **CAMPUS CONTACT INFORMATION**  |
|  |
| Office Building Location: |  | Campus Mail Address: |  |
| Office Room #: |  | Campus Phone #: |  |
|  |
|  |
|  |  |  |
| *Submitted By* |  | *Date* |

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| **SEND TO HUMAN RESOURCES FOR PROCESSING****Intercampus: HR****Mail: Address Below****E-mail:** **hr@uwgb.edu** |