**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**](mailto:hr@uwgb.edu) |