

SPRINGFIELD COLLEGE

Office of Human Resources

CHANGE OF PERSONAL INFORMATION

PLEASE INDICATE WHAT YOU ARE CHANGING

Will these changes affect :

Name

Address

Phone #

Health Insurance

TIAA – CREF

Marital Status

EMPLOYEE INFORMATION

Name: _____ ID#: _____

Status: FT PT FACULTY ADJUNCT STUDENT PROJECT TEMP

Department: _____

Effective Date of Change: _____

OLD INFORMATION

Name: _____

Street: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Married: _____ Single: _____

NEW INFORMATION

Name: _____

Street: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Married: _____ Single: _____

NOTE: If change of status affects Health Insurance or TIAA –CREF benefits, please contact the Office of Human Resources. Submit this form to the Office of Human Resources to ensure efficient delivery of services.