

SOUTHEASTERN LOUISIANA UNIVERSITY

PERSONAL INFORMATION UPDATE FORM

PLEASE COMPLETE THE FORM AND RETURN IT TO THE HUMAN RESOURCES OFFICE
SLU 10799 OR NORTH CAMPUS BUILDING D

Name: _____ EMPLID: W _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Physical Address: _____
(if different from Mailing)
City: _____ State: _____ Zip: _____
Home Phone: _____ / _____ - _____ Cell Phone: _____ / _____ - _____

Emergency Contact: _____
Relationship: _____ Phone: _____ / _____ - _____

Change in Marital Status: Divorced Date of Divorce: _____
 Married Date of Marriage: _____
Spouse's Name: _____
Spouse's Social Security Number: _____ - _____ - _____
Spouse's Date of Birth: _____

In order to complete a name change in the system, a social security card with the new name must be submitted.

Employee Signature

Date

FOR HUMAN RESOURCES OFFICE USE ONLY	
<u>Employment Section:</u>	Completed By (Initials) _____ <input type="checkbox"/> PS
	Date Completed _____
<u>Benefits Section:</u>	Completed By (Initials) _____ <input type="checkbox"/> Retirement
	Date Completed _____ <input type="checkbox"/> Health