



**THE CITY COLLEGE OF NEW YORK
OFFICE OF HUMAN RESOURCES
CHANGE OF PERSONAL DATA FORM**

**PLEASE COMPLETE THIS FORM TO EFFECT CHANGES IN YOUR PERSONNEL FILE.
PLEASE RETURN TO THE OFFICE OF HUMAN RESOURCES, SHEPARD HALL, ROOM 50.***

LAST NAME FIRST NAME M.I.

Give previous name if change

Last 4 digits of SSN DEPT.

OFFICE PHONE # Do you have a Transit Benefit Spending Account? YES NO

PLEASE COMPLETE ONLY THOSE ITEMS TO BE CHANGED IN THE AREA PROVIDED BELOW

FIRST NAME* LAST NAME*

HOME ADDRESS APT. #

CITY STATE Zip Code

HOME PHONE NUMBER CELL PHONE NUMBER

EMAIL ADDRESS

SCHOOL ADDRESS/ BLDG & ROOM

PLEASE NOTE:

Whenever your personal data has changed, it is your responsibility to complete and submit a Change of Personal Data Form to The Office of Human Resources. Human Resources will forward your changes to your Health Insurance, your Union (PSC-CUNY Members only), Transit Spending Account, and to Payroll. It is your responsibility to contact your Pension Plan and to contact Voluntary Benefits (Tax Deferred Annuity Plans, Long term Care, Catastrophe Major Medical Ins., Life Insurance, etc.) and to also inform your department of the change(s).

**** Original Legal Document(s) must be attached to change First or Last Name.**

SIGNATURE: DATE REQUESTED

FOR HR OFFICE USE ONLY

PROCESSED BY: DATE