

Address, Phone, or Name Change

Updated Personnel Record Survey Form

Please change my: Address Phone Number Name Marital Status Emergency Contact **Datatel ID#: _____ (Office Use)**

Name: Ms./ Mrs./ Mr./ Dr. _____ **Date:** _____

Marital Status: _____ **Title or Position:** _____

Home Address: _____
Number **Street** **Apt**

City **State** **Zip Code**

Phone Number: _____ **Social Security Number:** _____

Emergency Contact Change:

Name: _____ **Relationship:** _____

Phone Number: _____

Name: _____ **Relationship:** _____

Phone Number: _____

Employee must update: Ohio tax form (School DistrictCode for SD taxes)

Human Resources will update:

- Colleague BIO (for marital status change) EMPC
 Medical Dental Vision Life Insurance Long-Term Care H.S.A.
 Flexible Spending TIAA