Print Form

LEHMAN COLLEGE

DEPARTMENT OF HUMAN RESOURCES

Shuster Hall, Room 230
250 Bedford Park Blvd West
Bronx, NY 10468

Phone: 718-960-8181
Fax: 718-960-1191
www.lehman.edu

Change of Information Form

Please print clearly and return to Human Resources, Shuster Hall, Room 230

Name: _____

Title: _____ Date: _____

CUNY FIRST Employee ID: _____
(Contact H.R. if you are unsure of your Employee ID)

Department: _____

Department Extension: _____ or Telephone: _____

***All changes will require documentation to be presented before they can be updated in our systems.**

Select and Fill out the changes:

_____ **Name Change**: _____

_____ **Address Change**: _____

City, State, Zipcode _____

_____ **Telephone Change** _____

_____ **Marital Status Change:** _____ ***See Benefits**

_____ **Degree Change:** _____

_____ **Other:** _____

Completed by Human Resources on: _____ by _____

Completed by Payroll on: _____ by _____

CUNY