



Change of Information Form

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

Name: _____

Title: _____ Date: _____

CUNY FIRST Employee ID: _____ NYS 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: _____

Copy made for Benefits on: _____ by: _____

Sent to Central Payroll on: _____ by: _____