Employee and Dependent Personal Data Change Form

FIELDS IMMEDIATELY BELOW ARE REQUIRED- Please enter information as it appears CURRENTLY in EBS									
Last Name:			First Name:			Middle Name:			
MSU NetID Email Address:					Personnel ID Number:				
Dependent of an Employee only		Employee First Name:		Employ	Employee Last Name:			ZPID	
* MSU Graduate Students or Student employees must update information with the Registrar's Office *									
Employee Type:	Faculty/Support Staff			Ten	Temp/On-Call			Graduate Assistant/ Student	
PERSONAL INFORMATION- Enter ONLY the data that needs to be changed									
Last Name:	ast Name: First Name:				Middle Name:				
* Name changes must be accompanied by Driver's License, Social Security Card, or Court Documents (signed by a judge). * *Employees should contact the MSU ID Office by calling 517-355-4500 prior to requesting a new MSU ID Card in person. *									
Social Security Number:				Date of B	Date of Birth:				
*Social Security Number change requires a Social Security Card or valid Social Security Card receipt * * Date of Birth change requires a Birth Certificate, Driver's License, or Passport *									
Citizenship, Resident, or Visa status changes:									
Resident Status Change From:				Resident Status Changing To:					
*New I-9 form must be completed with the new resident status. Additional documents may be required for payroll taxation * purposes.									
Gender Change to:	Male			Fe	Female				
Signature of Employee or Dependent:									
MSU HR Purposes Only									
ID Office	Registra		rar's Office		SAP		Equifax		
ImageNow	ImageNow Emplo		yee Records	Payı	Payroll Office			Benefits	
HR Notes									
Completed by:				Date:	Date:				