FIELDS IMMEDIATELY BELOW ARE REQUIRED- Please enter information as it appears CURRENTLY in EBS								
Last Name:			First Name:			Middle Name:		
MSU NetID	Address:	s:			Personnel ID Number:			
Dependent of an Employee only		Empl	oyee First Name:	Employee	Employee Last Name:		ZPID	
* MSU Graduate Students or Student employees must update information with the Registrar's Office *								
Employee Type:		F	aculty/Support Staff	Temp	Temp/On-Call		Graduate Assistant/ Student	
PERSONAL INFORMATION- Enter ONLY the data that needs to be changed								
Last Name:			First Name:		Mide	dle Name	2:	
<ul> <li>* Name changes must be accompanied by Driver's License, Social Security Card, or Court Documents (signed by a judge).</li> <li>* Employees should contact the MSU ID Office by calling 517-355-4500 prior to requesting a new MSU ID Card in person.</li> <li>* For preferred name change, HR will follow up by emailing MSU Controllers Office at FBAS.Funct@ctlr.msu.edu*</li> </ul>								
Social Security Number:				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	Fem	Female			
Signature of Employee or Dependent:								
MSU HR Purposes Only								
ID Office	ID Office		Registrar's Office	S	SAP		Equifax	
ImageNow			Employee Records	Payrol	Payroll Office		Benefits	
HR Notes								
Completed by:				Date:				