



EMPLOYEE INFORMATION CHANGE FORM

Any employee who has a change in personal information that could impact his or her payroll or personnel records is requested to complete this form and return it to the Human Resources office. Changes to payroll and personnel information must be submitted in writing by the employee before any payroll or personnel records can be updated.

Thank you!

Employee's Current Name: _____ EIN #: _____

Last 4 Digits of Social Security Number: _____

CHANGE IN RECORDS REQUESTED

Change Street Address: _____
New **Street** Address City State Zip

*Please [update address](#) for Teachers' Retirement, (Forms 1A&2A), Life Insurance, Wage Beneficiary & in SoonerSave portal.

Change Mailing Address: _____
New **Mailing** Address City State Zip

*Please [update address](#) for Teachers' Retirement, (Forms 1A&2A), Life Insurance, Wage Beneficiary & SoonerSave portal.

Change of Phone Number: _____
Please circle: Cell Home

Change of Beneficiary Information Requested: (links to change forms will be provided to employee)

Change W-4 Withholdings: (forms will be provided to employee or you can access [here](#))

Update Direct Deposit Information: (form will be provided to employee)

Name Change: When applicable, employee must show a copy of the updated social security card and marriage license to HR in order for an official change in name to be made in payroll and personnel records. Copies of marriage license or divorce decree may also be required for insurance changes/name changes.

New Name: _____

Update Email Address Name: _____ @careertech.ok.gov

Employee's Signature

Date

OFFICE USE ONLY

- | | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> PEOPLE SOFT | <input type="checkbox"/> TRS |
| <input type="checkbox"/> SOONER SAVE | <input type="checkbox"/> OMES/EGID |
| <input type="checkbox"/> BAS | <input type="checkbox"/> _____ |