



BRADLEY University

Employee Change of Status Form

NAME CHANGE* PHONE/ADDRESS CHANGE EFFECTIVE DATE: _____

*Bring form to Human Resource Department (Sisson/Rm 239) with **NEW** Social Security Card.

Change From:

Name: _____
Last First Middle

Address: _____

Phone(s): () _____
() _____

Change To:

Name: _____
Last First Middle

Address: _____

Phone(s): () _____
() _____

Change Marital Status/Emergency Contact:

Single

Married Spouse's Name: _____

Emergency Contact:

Name: _____

Phone: () _____

Employee Signature: _____ Date: _____

Department/Office: _____

Contact the Human Resource Department to Change Current Benefits, i.e. W-4, Health Insurance, Life Insurance and Long Term Disability.

HUMAN RESOURCE DEPARTMENT

1501 WEST BRADLEY AVENUE – PEORIA, IL 61625 – (309) 677-3223 – FAX (309) 677-3867