

OFFICE OF HUMAN RESOURCE MANAGEMENT

Employee Change Information Form

Instructions: Please PRINT name, social security number, and all pertinent information you wish to change.

Submit this form to Human Resource Management for processing. Incomplete forms will be returned and delay processing.

1.	Action you wish to be taken: ✓			OFFICIAL USE ONLY				
	Change of permanent address			HR				
	Change of local address			Benefits				
		foro this change	oon be recorded)					
	Name Change (HR must photocopy your Social Security card before this change can be recorded.)							
	Change of Social Security Number (HR must photocopy your Social Security card before this change can be recorded.)							
2.	2. Employee or Student Status: ✓							
	Full Time Employee	Effective [Date					
	Part Time Employee							
	Student							
	Other: please specify							
3	Please clearly print the following information:							
٥.	Nama Changas Only							
	* Name <u>MUST</u> be printed as it appears on your Social Sec	-	Please provide the name cu your Duquesne Univers	rrently used for				
	Social Security Number	<u>-</u>	Last Name:					
	First NameMiddle Initia	al	First Name:					
	Last Name		Middle Initial:					
4.	4. Please complete and provide the following information:							
	Old Address:							
	Street		Apt #					
	City, State, Zip Code							
	Telephone Number							
	New Address: Street		Apt #					
	City, State, Zip Code							
	Telephone Number							
	Tax Municipality Change Yes No No							
5.	Signature		Date	_				



LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATI	ON RESIDE	NCE LOCATION					
NAME (Last, First, Middle Initial)	ON - KESIDE	NCE LOCATION	SOCIAL SECURITY NUMBER				
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)							
SECOND LINE OF ADDRESS							
СІТУ	STATE	ZIP CODE	DAYTIME PHONE NUMBER				
MUNICIPALITY (City, Borough, Township)							
COUNTY	PSD CODE		TOTAL RESIDENT EIT RATE				
EMPLOYER INFORMATION	N - EMPLOYI	MENT LOCATION					
EMPLOYER NAME (Use Federal ID Name)			EMPLOYER FEIN				
FIRST LINE OF ADDRESS ('If PO Box, please include actual street address)							
SECOND LINE OF ADDRESS							
СІТҮ	STATE	ZIP CODE	PHONE NUMBER				
MUNICIPALITY (City, Borough, Township)		-					
COUNTY	PSD CODE		MUNICIPAL NON-RESIDENT EIT RATE				
	TIFICATION						
SIGNATURE OF EMPLOYEE			DATE				
PHONE NUMBER	EMAIL ADDRESS						
For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES,							
please refer to the Pennsylvania Department of Community & Economic Development website:							
www.newPA.com							

Select Get Local Gov Support, >Municipal Statistics