



PERSONAL INFORMATION CHANGE FORM

Please complete this form to update the address information or legal name with the Office of Human Resources (OHR). The completed form should be returned to the Office of Human Resources.

Employee Status (please check one): _____ Active Regular Employee
_____ Active Contractual Employee

NAME: _____
(First) (M.I.) (Last)

SOCIAL SECURITY NUMBER: _____

IF NAME CHANGE:
Legal proof of name change MUST be attached to this form

NEW NAME: _____
(First) (M.I.) (Last)

NEW ADDRESS INFORMATION:

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____

WORK PHONE: _____ HOME PHONE: _____

CELL PHONE: _____

PERSONAL EMAIL ADDRESS: _____

WORK EMAIL ADDRESS: _____

Signature

Date

Note: This Personal Information Change Form is only for use within the Office of Human Resources (OHR).

If your personal information is not correct with the Central Payroll Bureau or the Maryland State Retirement Agency, those agencies need to be contacted independently as a separate form is required. See OHR for special instructions.