



CHEYNEY UNIVERSITY FO PENNSYLVANIA

OFFICE OF HUMAN RESOURCES

EMPLOYEE INFORMATION CHANGE FORM

AFSCME & SCUPA UNION EMPLOYEES MUST ALSO COMPLETE A PEBTF2 FORM

Name (Print): _____
(Last) (First) (M)

Employee ID # _____ Campus Ext. #: _____

Name Change To: _____

Street Address: _____

Apartment/Unit # _____

City: _____ State: _____

Zip Code: _____ County: _____

Township: _____

Telephone #: (H) _____ (C): _____

IN CASE OF EMERGENCY CONTACT

Name (Print): _____ Relationship: _____

Address, City, State, Zip Code: _____

Telephone #: (H) _____ (C): _____

Signature _____ Effective Date _____

cc: Payroll Manager

9/20/15