

OBERLIN COLLEGE

Department of Human Resources

Employee Change Form

PLEASE PRINT

LAST NAME	FIRST NAME	MIDDLE NAME
SOCIAL SECURITY NUMBER	EFFECTIVE DATE	HOME PHONE
STREET ADDRESS	CITY STATE	ZIP CODE

PAYCHECK/STUB MAILING ADDRESS:

Will be sent to Department

CHANGE:

Address School Tax
Name (if moved to a new school district)
(need to provide official document)

Reason for change _____

EMERGENCY CONTACT CHANGE

LAST NAME	FIRST NAME	PHONE
STREET ADDRESS	CITY STATE	ZIP RELATIONSHIP

Signature _____
(required)

Date _____

TIAA/CREF - You have to change this information via the Web or call 1-800-842-2733.

Office Use Only:

- MetLife Dental Changed on _____
- Name Change Sent to CIT _____
- Database change Sent on _____
- Tuition Remission