

## EMPLOYEE INFORMATION CHANGE FORM

### Current Employee Information (Required)

Employee Name: \_\_\_\_\_ School/Department: \_\_\_\_\_  
Current Name in Skyward

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Employee Status:  Active Employee       Retired Employee       Former Employee

Employee Type:  Administrator       Licensed       ESP       Sub/Misc.

**Please Note:** This form must be received in the Human Resource Department on or before the TENTH (10<sup>th</sup>) day of the month in order for it to be processed for that month's payroll.

Change Requested:      **Marital Status Change Request**

Update My Marital Status To:     Single       Married       Divorced

For insurance purposes, a marital status change may be a qualifying event. Changes must be submitted within 30 days of the event. For changes to insurance, including beneficiary changes, contact the Insurance Department at (801)-567-8341.

Change Requested:      **Name Change Request**

(Requires Social Security card in new name)

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Change Requested:      **Gender Change Request**

(Requires appropriate court documents)

Update my Gender to:     Male       Female       Other

<https://www.utcourts.gov/en/self-help/case-categories/family/name-change/sex-change.html>

**Address/Phone Number** - Log in and submit your change in Skyward Employee Access. If you need assistance with your login information, please contact the Information Systems Help Desk at (801) 567-8737.

**Direct Deposit/W4** – Contact the Payroll Department at (801) 567-8154.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

#### Human Resource Use ONLY

Date Received in HR: \_\_\_\_\_ HR Assistant: \_\_\_\_\_ Date Processed: \_\_\_\_\_

New SS Card Received       Court Documents Received       I9 Re-Verification

Copy to: \_\_\_\_\_ Insurance