



SUNY
DOWNSTATE
Medical Center

Department of
Human Resources

PERSONNEL DATA UPDATE FORM

PLEASE PRINT ALL INFORMATION IN BLACK OR BLUE INK

NAME: _____ TITLE: _____

SOCIAL SECURITY NUMBER: _____

*Please check **ONLY** those items requiring revision and insert correct information.*

☐ New Name *: _____

☐ New/Correct SSN*: _____

*Federal and State laws require that Social Security earnings be reported under the correct name and Social Security number (SSN). Accordingly, you must notify the Social Security Administration (SSA) of your name/SSN change as reported above. The toll free number for the SSA is (800) 772-1213.

☐ New Home Address: _____

☐ New Home Telephone Number: _____

☐ Campus Address: Building _____ Room _____ HSC Box) _____

☐ Campus Work Phone: _____

☐ Work Department: _____

☐ Local Title: _____

Signature

Date

FOR OFFICIAL USE ONLY

☐ PDS ☐ PAYROLL ☐ BENEFITS ☐ NYSTEP ☐ PERSONNEL FILE _____