

## 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