

ALVIN COMMUNITY COLLEGE

PERSONAL DATA

New Hires: Please complete the entire form and return to HR

Current Employees / Retirees: Use for any changes in name, address, phone number(s), and E-Mail addresses.

Request for name change requires a copy of the social security card with the new name.

SECTION I TYPE OF TRANSACTION

NEW HIRE NAME CHANGE ADDRESS CHANGE PHONE CHANGE E-MAIL

SECTION II EMPLOYEE / RETIREE INFORMATION (PLEASE PRINT OR TYPE)

EMPLOYEE ID: AUTHORIZATION DATE:

NAME: (Last) (First) (M.I.)

JOB TITLE: DEPARTMENT:

FORMER NAME: (IF APPLICABLE)

SECTION III ADDRESS / PHONE / E-MAIL INFORMATION

MAILING ADDRESS: (Street or P.O. Box)

(City)* (State)* (Zip)

HOME PHONE: ALT PHONE/PAGER:

WORK PHONE: CELL PHONE:

E-MAIL:

SECTION IV EMERGENCY CONTACT INFORMATION

NAME: RELATION: PHONE:

I authorize this personal information for entry into the payroll system. I understand that this may also be used to update my personal information in the group insurance program and the TRS system if applicable.

PRIVACY:

Home / Mailing Address, Telephone Number, Emergency Contact Information, and Information Regarding Family Members can be considered private information in the event that Alvin Community College receives a request under the Public Information Act. Please mark your preference below. Your social security number is confidential.

PUBLIC My home address, phone number, emergency contact information, and information regarding family members may be released.

PRIVATE I request that my home address, phone number, emergency contact information and information regarding family members not be released. This request is being made in accordance with Tex. Gov't Code Chp.552 (Texas Public Information Act).