

**UNIVERSITY OF HAWAII
CHANGES OR CORRECTIONS OF
PERSONAL DATA**

Last Name	First	M.I.	XXX-XX-XX Last 2 digits of SSN	B.U.
-----------	-------	------	-----------------------------------	------

() **Check if Name Change**¹ Effective Date: _____

CHANGE IN MARITAL STATUS² (check applicable box):

Married	_____	Single	_____
Divorced	_____	Other	_____
Widower	_____		

Effective Date of Change: _____
(Only if date is different from above)

Previous Name (for information only): _____
(Previous Name Printed on PNF)

CHANGE IN ADDRESS, PHONE NUMBER³ &/OR EMAIL ADDRESS

Address			Preferred* Phone Number
City	State	Zip Code	Cell Number
Preferred* Email Address			

Employee's Signature	Date
Dept/Program	Campus

*Preferred Phone/Email Address will be transmitted to the Hawai'i Employer-Union Health Benefits Trust Fund (EUTF) only for eligible employees. The University will continue to utilize your UH email address for university-related communications.

Note: Voluntary emergency contact information may be updated on form 33A (OHR)

Distribution:

Employee's Personnel Folder (original)

^{2, 3} - Employees' Retirement System (ERS members only)

^{1, 3} - Exclusive Employee Representative (union members only)