

Prepared by the Personnel Management Office.  
This replaces Administrative Procedure No.  
dated July 1986.

October 1986

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GENERAL

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A9.010      REPORTING OF CHANGES AND CORRECTIONS OF EMPLOYEE'S  
PERSONAL RECORDS

1.    Purpose.    To maintain current personal data for University employees.
2.    Objective.
  - a.    To insure that personal data concerning University employees are reported and recorded in personnel documents affecting an employee's status, pay, benefits, taxes, etc.
  - b.    To provide a master list of forms and/or programs which are or may be affected by changes or corrections of information regarding an employee's personal situation.
3.    Applicability/Responsibility.
  - a.    This procedure applies, as appropriate, to all BOR and Civil Service employees, including graduate assistants.
  - b.    Each employee is responsible for initiating changes or corrections affecting his/her personal situation.
  - c.    Vice Presidents, Associate Vice President, Chancellors, State Director of Vocational Education, Manoa Deans and Directors who have been delegated personnel functions or their designees (henceforth referred to as Administrative Officers) are responsible for recording and processing changes in personal data reported by an employee.
4.    Procedure.    Changes or corrections to key personal data reported by an employee are to be recorded and processed as follows through the office of the respective Administrative Officer.
  - a.    BOR Employees

- (1) The employee is to complete UH Form 33 (Pers), Changes or Corrections of Key Personal Data of a BOR Employee, as indicated in Attachment 1 (duplicate form as necessary) for the following:
  - . Address
  - . Marital Status
  - . Dummy Social Security number to Permanent Social Security number
  - (a) The completed form is to be filed and distributed as follows (xerox the completed Form 33 as necessary):
    - Original -- file in employee's personnel folder in the Administrative Officer's Office.
    - 1 copy -- send directly to Payroll Section, Disbursing Office.
    - 1 copy -- if employee is included in a bargaining unit, send directly to exclusive employee representative (union).
    - 1 copy -- send to Director, Personnel Management Office for forwarding to the Employees' Retirement System.
  - (b) The changes and corrections reported via the UH Form 33 should subsequently be reflected in the next Standard Form 5B, Notification of Personnel Action, processed by the Administrative Officer. (An SF-5B need not be generated solely for reporting of the forgoing changes and corrections.)
- (2) The Administrative Officer, upon notification by the employee, shall prepare and process a Standard Form 5B for the following changes and corrections:
  - . Name (indicate in Remarks section the former name).
  - . Incorrect Social Security number. Attach xerox copy of Social Security card, Form W-4

(Federal Withholding Allowance Certificate) and Form HW-4 (State Withholding Exemption and Status Certificate) to Payroll's copy of the SF-5B.

- . Date of birth.
  - . Bargaining unit designation (e.g., BU 07, 08).
  - . Tenure status.
- (3) The Health Fund Form DC-1, Changes to Employee's Data File, or Health Fund FORM E-1, Enrollment Form, is to be completed and forwarded to the Personnel Management Office together with Health Fund Form T-1, Transmittal Report, for batching and forwarding to the Health Fund Office. A copy of Form DC-1 is to be placed in the employee's personnel folder. (Note: Although the Form E-1 is titled Enrollment Application, it may be used to effect changes in enrollment data.)
- (a) Complete and process Form DC-1 for all employee address, name or social security number changes and for dependent data changes.
  - (b) Complete and process Form E-1 for all changes relating to:
    - . Marital Status
    - . Medical Coverage
    - . Beneficiary
    - . Name (only if changes to marital status, medical coverage and/or beneficiary are also involved)
    - . Address (only if changes to marital status, medical coverage and/or beneficiary are also involved)
- (4) Health Fund Form D-63, Medical Insurance Deduction Authorization, is to be completed and forwarded to the Personnel Management Office, together with

Health Fund Form T-1, Transmittal Report, for batching and transmittal to the Health Fund Office for changes in payroll deductions resulting from changes in enrollment or cancellation of medical insurance.

b. Civil Service Employees

- (1) The employee is to complete UH Form 33A (Pers), Changes or Corrections of Key Personal Data of a Civil Service Employee, as indicated in Attachment 2 (duplicate form as necessary) for the following.
  - . Name
  - . Address
  - . Marital Status
- (2) The Health Fund Form DC-1, Changes to Employee's Data File, or Health Fund Form E-1, Enrollment Form, is to be completed and forwarded to the Personnel Management Office. (Note: Although the Form E-1 is titled Enrollment Application, it may also be used to effect changes in enrollment data.)
  - (a) Complete and process Form DC-1 for all employee address, name or social security number changes and for dependent data changes.
  - (b) Complete and process FORM E-1 for all changes relating to:
    - . Marital Status
    - . Medical Coverage
    - . Name (only if changes to marital status, medical coverage and/or beneficiary are also involved)
    - . Address (only if changes to marital status, medical coverage and/or beneficiary are also involved)
- (3) Health Fund Form D-63, Medical Insurance Deduction

Authorization, is to be completed and forwarded to the Personnel Management Office for changes in payroll deductions resulting from changes in enrollment or cancellation of medical insurance.

c. BOR and Civil Service Employees

- (1) DAGS Form D-90, Employee's Designation of Beneficiary, and ERS Form 1-A, Designation of Beneficiary, (for contributory plan members only) are to be completed and forwarded to the Personnel Management Office for transmittal to DAGS and ERS, respectively, for changes or corrections to beneficiary designations or marital status.
- (2) The employee is to notify the deferred compensation or tax shelter company with which he/she has an account.
- (3) A checklist of forms/documents by which these changes and corrections are effected is provided in Attachment 3.

UNIVERSITY OF HAWAII  
CHANGES OR CORRECTIONS OF KEY PERSONAL  
DATA OF A BOR EMPLOYEE

Instructions: Please type or print in ink.

-----  
Last Name      First      Initial      Social Security Number      B.U.  
-----

DUMMY SS # TO PERMANENT SS #

Dummy SS # ----- Permanent SS # -----

Attach Xerox copy of Social Security card, Form W-4 (Federal Withholding Allowance Certificate and Form HW-4 (State Withholding Exemption and Status Certificate) to Payroll's copy.

MARITAL STATUS

(check one)

- |             |                          |           |                          |
|-------------|--------------------------|-----------|--------------------------|
| 1. Married  | <input type="checkbox"/> | 4. Single | <input type="checkbox"/> |
| 2. Divorced | <input type="checkbox"/> | 5. Other  | <input type="checkbox"/> |
| 3. Widower  | <input type="checkbox"/> |           |                          |

Attach Form W-4 (Federal Withholding Allowance Certificate) and Form HW-4 (State Withholding Exemption and Status Certificate) to Payroll's copy.

ADDRESS

-----  
Number and Street

-----  
City and State      Zip Code

(Attach to Payroll's copy a legible xerox copy of the latest SF-5B, correct the address, show NOA code 991 (in red) in item #15 and circle items #3 and 15 (in red). Note space limitations of 26 characters each for the two lines allowed in item #3.)

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Dept/Div Office: ----- Date: -----

Employee's Signature: ----- Campus: -----

Distribution:

- 1 - Employee's Personnel folder (original)
- 1 - Employees' Retirement System (for participating members only)
- 1 - Payroll Section, Disbursing Office
- 1 - Exclusive Employee Representative
- 1 - Graduate Division (Graduate Assistants only)

Last Name	First	Initial	Social Security Number	B.U.
NAME				

Change of Name: From: \_\_\_\_\_  
To: \_\_\_\_\_  
Date of Change: \_\_\_\_\_

1. Married [ ] Spouse's Name: \_\_\_\_\_  
Date of Marriage: \_\_\_\_\_

2. Divorced [ ] 4. Single [ ]  
3. Widower [ ] 5. Other [ ]

Form W-4 (Federal Withholding Allowance Certificate)  
Form HW-4 (State Withholding Exemption & Status Certificate)  
DAGS D-90 (Designation of Beneficiary)  
ERS Form 1-A (Designation of Beneficiary - For Contributory Retirement Plan Members Only)  
Health Fund DC-1 or E-7 (Changes to Employee's Data on File)  
Copy of Social Security card showing new name

Number and Street	Res. Phone Number
City and State	Zip Code

Distribution: (to be made by Personnel Management Office)  
1 - Personnel Folder  
1 - Retirement System  
1 - Collective Bargaining Unit

UH Form 33A (Pers)  
Rev. 10/86

**UNIVERSITY OF HAWAII**  
**CHECKLIST OF FORMS/DOCUMENTS TO BE UPDATED TO REFLECT CHANGES OR CORRECTIONS**  
**TO PERSONAL DATA ON FILE**

FORMS/DOCUMENTS	CHANGES OR CORRECTIONS							Barg. Unit	Payroll Deduct./ Cancelln.	Other Changes
	Name	Address	SS No.	Exceptions	Beneficiary	Marital Status	Dependents			
<b>Health Fund:</b>										
Form DC-1, Changes To Employee's Data on File or	X	X	X			X	X			Birthdate, sex
Form E-1, Enrollment Application	X	X	X		X	X	X			Enrollment/ Cancellation
Form D-63, Medical Insurance Deduction Authorization									X	
<b>Comptroller, State of Hawaii:</b>										
Form D-90, Employee's Designation of Beneficiary					X	X				
<b>Employees' Retirement System:</b>										
Form I-A, Designation of Beneficiary (for contributory members only)					X	X				
<b>United States Treasury Department:</b>										
Form W-4, Employee's Withholding Allowance Certificate	X		X			X				
<b>State of Hawaii Department of Taxation:</b>										
Form HW-4, Employee's Withholding Exemption and Status Certificate	X		X			X				
<b>University of Hawaii:</b>										
SF-5B (BOR), Notification of Personnel Action	X		X					X		Various
<b>*State of Hawaii Deferred Compensation Plan (Hawaii Benefits, Inc.)</b>	X	X	X		X				X	
<b>*Tax Shelter Annuity</b>	X	X	X		X				X	

\*Employees participating in these programs are responsible for notifying the affected companies.