



## **HICKMAN MILLS PERSONNEL ACTION FORM**

### **PERSONAL CHANGE REQUEST**

### **PROTOCOL**

A Personnel Change Request form is required to make change(s) due to circumstances such as the following:

- Change of residential (home) address
- Change of personal phone number(s)
- Change in marital status
- Change in name
- Change in emergency contact

In the event personal changes are necessary, a completed and signed Personnel Change Request form is required for all changes. E-mails, spreadsheets, and notes will not be accepted for personal changes. After completion, the following steps of approvals and implementation are as follows:

1. The signed request is forwarded to the HR Director for approval.
2. The HR Director reviews and approves the request.
3. The approved request form is sent to the Business Department for approval.
4. The Business Manager reviews and approves the request.
5. The Business Manager presents the approved request to the applicable HR staff member (non certified or certified HR administrative secretary) responsible to make the change (s) necessary in SISFIN personnel screens.
6. After HR changes are complete, HR confirms the task is complete by checking off and initialing the appropriate confirmation box.
7. HR forwards the completed request to the applicable PR staff member responsible (non certified or certified PR specialist) for making the appropriate change(s) in SISFIN payroll screens.
8. After Payroll changes are complete, PR confirms the task is complete by checking off and initialing the appropriate confirmation box.
9. After completion, copies of the completed Personnel Change Request form are distributed to Payroll and HR which are then filed in the applicable employee's Personnel and Payroll file folders.
10. A completed copy of the Personnel Change Request form is also distributed to Technology for school directory and other updates as applicable.



# PERSONAL INFORMATION CHANGE REQUEST FORM

(Complete ONLY Applicable Information To Be Changed In Parts 1 thru 4)

**IMPORTANT: Please Contact The Benefits Clerk For Changes Affecting Your Insurance Coverage x 8216**

Employee Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)  
 \_\_\_\_\_ (Current Name)  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Change Effective Date: \_\_\_\_\_  
 Position Title: \_\_\_\_\_ School/Department: \_\_\_\_\_

**Part 1**  
 Address Change:  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

**Part 2**  
 Marital Status Change: From:  Single  Married  
 From:  Married  Single  
*Note: 1) A copy of Marriage Certificate, Death Certificate, Divorce Decree is required.  
 2) PSRS or PEER updates are required.  
 3) Review W-4 exemptions for possible changes.*

**Part 3**  
 Employee Name Change:  
 \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)  
 Please Indicate Reason For Name Change: \_\_\_\_\_  
 (A Copy Of Social Security Card With New Name Must Accompany This Request)

**Part 4**  
 Emergency Contact Change:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (work/cell)

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ (Signature)

**Approvals:**  
 Human Resources Director \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ (Signature)  
 Business Manager \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ (Signature)

Confirmation of SISFIN Changes:  Payroll  Personnel  Benefits  
 Check & Initial Check & Initial Check & Initial