



EMPLOYEE CHANGE NOTICE
HUMAN RESOURCES OFFICE
Tohono O'odham Community College



Name: _____ Social Security #: _____
 Position: _____ Effective Date: _____
 Division: _____

- | | |
|--|--|
| 1. Annual/Sick Leave Earned Hours/Pay Period | 9. Account Number |
| 2. Hours Per Week | 10. Name: First, Middle, Last |
| 3. Department/Division | 11. Address: Mailing, Street, Location |
| 4. Job Location | 12. Marital Status: S M C D |
| 5. Immediate Supervisor | 13. Beneficiary: Last Paycheck |
| 6. Insurance-Dependent Coverage | 14. Emergency Contact |
| 7. 401K Deduction (voluntary) | 15. Immediate Family |
| 8. Deduction: _____ | 16. Other: _____ |

FROM:	TO:
() _____ () _____	() _____ () _____
() _____ () _____	() _____ () _____
() _____ () _____	() _____ () _____
() _____ () _____	() _____ () _____

Comments: _____

Reviewed by Human Resources	_____
Name	Date

Concurrence:

Employee Signature (if required) _____	Date: _____
Division Vice President _____	Date: _____
Finance Office _____	Date: _____
Human Resources Office _____	Date: _____

Original to Personnel File Date: _____ Copy to Payroll Date: _____