

**UNIVERSITY OF HAWAI'I
CHANGES OR CORRECTIONS OF
PERSONAL DATA**

			XXX-XX-XX	
Last Name	First	M.I.	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 &/OR PHONE NUMBER³

Address			Phone Number (optional / if changed)
City	State	Zip Code	Cell Number (optional / if changed)

Employee's Signature	Date

Dept/Program	Campus

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)