

Employee Data Change Form

HR-HRIS-012



Section 1 - Information and Instructions

Please complete this form only if you would like to update your personal or emergency contact information.

Name Changes: Please attach a copy of your social security card.

Address Changes: A post office box or rural delivery number cannot be used as a "Residential" address. If you wish to use a post office box or a rural delivery number, please use the "Mailing" address section to provide that information. Contact your Agency's HR department for further clarification. Please fax a signed copy of the form to 212-852-8700 or email a signed copy to bscservice@mtabsc.org.

If you have any questions, please contact the Business Service Center (BSC) at 646-376-0123 or bscservice@mtabsc.org.

Section 2 - Employee Information

Print Name	Last First M.I. Suffix				BSC ID
Type of Data Change:	<input type="checkbox"/> Name		<input type="checkbox"/> Contact Info		<input type="checkbox"/> Professional Licenses/Education
	<input type="checkbox"/> Emergency Contact				
Agency/Dept. (check one)	<input type="checkbox"/> BSC	<input type="checkbox"/> B&T	<input type="checkbox"/> CC	<input type="checkbox"/> HQ	<input type="checkbox"/> Police
	<input type="checkbox"/> SIR	<input type="checkbox"/> LIRR	<input type="checkbox"/> MNR	<input type="checkbox"/> MTA Bus	<input type="checkbox"/> NYCT
					Department
					Status: <input type="checkbox"/> Retiree <input type="checkbox"/> Employee
Residential (Required) (No P.O. Box)	Street Address				
	City			State	Zip Code
Mailing (if different from Residential)	Street Address				
	City			State	Zip Code
Phone (H)	Phone (W)		Phone (M)		Email
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth**	Race <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander/Native Hawaii <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other			
Veteran Status					
<input type="checkbox"/> Veteran DD214 (Discharge under honorable conditions (Box 24))**					
<input type="checkbox"/> Other Protected Vet DD 214 (Discharge under other than honorable conditions (Box 24))**					
<input type="checkbox"/> No Military Service					
**Attach Documentation)					

Section 3 - Licenses and Education Information

Attach copy of license.

Note: If this information was previously completed and submitted, and no additional degrees or certifications have been attained, please leave this section blank.

License Name	License Number	State	Lic Type	Date	
Name of School	State	Type of Degree/Certification	Date	Major	Minor

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Section 4 – Emergency Contact Information

If this information was previously completed and submitted to the BSC and has not changed, please leave this section blank.

Employee Contact Name	Last	First		
Address	Street Address			
	City	State	Zip Code	
Phone (H)		Other Phone (Work, Mobile, etc)		
Relationship to Employee				

Section 5 - Comments

Complete this section if your new address contains a post office box or rural delivery number. Please provide a brief summary of travel directions from Metropolitan New York to your home.

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Section 6 - Authorization

I do hereby certify that to the best of my knowledge the above information is true and correct.

Employee Signature	Date	SSN Last 4 Digits
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