

EMPLOYEE PERSONAL DATA FORM

This form is used to update or maintain an employee's official personal information on record.

EMPLOYEE INFORMATION

Current Legal Name		CSULB ID #		Request Date		
Department Name (if applicable)		Email Address (@csulb.edu)				
Type of Change (check all that apply)	Legal Name	Address	Phone	Email	Emergency Contact	Effective Date

NEW INFORMATION

New Legal Name (if applicable)	
New Address	City, State, and Zip
Primary Phone	Alternate Phone
New Personal Email	New Student/Work Email

FORMER INFORMATION (IF APPLICABLE)

Former Name	
Former Address	City, State, and Zip
Former Phone	Former Email

EMERGENCY CONTACT INFORMATION (IF UPDATING)

Contact Name	Relationship	Phone Number
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I certify that the above information is accurate and complete. For legal name changes, updated documentation (e.g., Social Security card) must be provided.

Employee Signature: _____

Date: _____

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

HR: _____	Processed by: _____
Payroll: _____	Date Processed: _____
Benefits: _____	