



# Employee Status Change Form

**\*Please complete and return to: [employeeservicecenter@tuftsmedicalcenter.org](mailto:employeeservicecenter@tuftsmedicalcenter.org)**

## INSTRUCTIONS:

1. The EIC form is for employees to initiate selected personal information changes to their own employment record.
2. First and Second shift employees must personally deliver the completed form to one of the Human Resources offices where a member of the HR staff will verify the employee's identity by checking the employee's valid Tufts Medical Center employee badge.
3. The HR staff member will initial and date the form and forward it to Employee Information Services for data entry.
4. Third shift employees require their manager's validation of the request. The manager will initial where validation is indicated and will deliver the Change Form to one of the Human Resources offices.
5. Name changes require supporting documentation to be attached, (copy of new Social Security card, or copy of application for new Social Security card).
6. All changes are effective upon receipt of this form. Future dated forms will not be accepted.
7. An electronic version of the Employee Information Change Form that allows employees to make on-line changes to address/telephone information, emergency contact information and marital status is available on the HR web site at <http://intranet.nemc.org/hr/>

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Type of Transaction: \_\_\_\_\_

	Current Position	Future Position
Department Number		
Job Code		
Job Title		
Hourly Rate		
Job Grade		
Supervisor		

Effective date:	
Comments	