

Return this form to:

HR Shared Services

hrservice@syr.edu

Phone: 315.443.4042 Fax: 315.443.1063

621 Skytop Road, Suite 1001, Syracuse, NY 13244

Please complete this form, sign the below, attach a copy of the required applicable documentation as outlined below, and submit to HR Shared Services.

Employee Information:_____
SUID *_____
Current Name (First, Middle, Last) ***Change Requested (Check all that apply): *** **Change in Name** **Change in Sex Designation****Change in Name:**

The Office of Human Resources **will not** change your name without a copy of your new Social Security card. Your name as it appears on the Social Security card will be entered into the University system.

You may also add a Preferred Name in MySlice, which will appear as your e-mail display name, and in Orange SUccess and Blackboard. Other University records including payroll and benefits will use only the name printed on your Social Security card.

New Name (First, Middle, Last) ***Change in Sex Designation:**

The Office of Human Resources **will not** change your sex designation without applicable documentation showing the change in designation. Applicable documentation can be a valid drivers license, valid passport, or a state-issued amended birth certification showing the new sex. Other government issued forms may be discussed on a case-by-case basis. All documentation provided must be approved by the Office of Human Resources prior to the change being entered into the University system.

Sex: * Male Female Nonbinary Sex not listed: _____**Gender: *** Man Woman Gender not listed: _____**Employee Signature: *** _____ **Date: *** _____

Please note, the Office of Human Resources will notify the following insurance companies of this demographic change and will be used for all insurance claims (as applicable): Delta Dental, Excellus BCBS, HealthEquity/WageWorks, OptumRx, SEBF Dental, The Standard, VSP Vision.