Reset Form

UNIVERSITY OF SOUTH CAROLINA

Employee Information Update Sheet

Action:

- ☐ Change in Name
- ☐ Change in Address
- ☐ Change in Education
- ☐ Change in Marital Status
- ☐ Change in DOE/SS/LB/RVD
- ☐ FLSA
- ☐ Other:

USC ID:	Effective Date:	
Name (Currently on USC file): (Last, First, Middle)		
Class:	Slot:	Home Dept. No.:
Change Name to: (Last, First, Middle)		
Home Address:		
Home Phone No.:	County of Residence:	
Name of Person to Contact in Case of Emergency:		
Emergency Phone Number:		
Marital Status:	Name of Spouse:	
Spouse Employed by State: Yes ◯ No ◯		
Campus Phone:	Ext:	
Job Location/Building:		Room No.:
Education Level:	Highest Degree Earned:	
Institution:		
Major:		
Year Started:	Date Earned:	
Date of Employment:		
State Service Date:		
Leave Accrual Date:		
Review Date:		
Other Information:		
Authorized Signature:		Date:

- ☐ HRIS
- ☐ Benefits
- ☐ Class/Comp
- ☐ Employee Records

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