

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: If your new address contains a post office box or rural delivery number, please use the "Comments" section to provide a brief, direct summary of travel directions from Metropolitan New York to your home.

Note: Restrictions may apply for residential addresses. Contact your agency's HR department for further clarification.

Please fax a signed copy of the form to 212-852-8700 or e-mail a signed copy of the form to bscservice@mtabsc.org.

If you have any questions, please contact MTA 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	
	<input type="checkbox"/> Education		<input type="checkbox"/> Emergency Contact			
Agency (check one)	<input type="checkbox"/> BSC	<input type="checkbox"/> B&T	<input type="checkbox"/> CC	<input type="checkbox"/> HQ Civilian	<input type="checkbox"/> HQ Police	Status:
	<input type="checkbox"/> LI Bus	<input type="checkbox"/> LIRR	<input type="checkbox"/> MNR	<input type="checkbox"/> MTA Bus	<input type="checkbox"/> NYCT	<input type="checkbox"/> Retiree <input type="checkbox"/> Employee
Residential (Required)	Street Address					
	City			State	Zip Code	
Mailing (if different from Residential)	Street Address					
	City			State	Zip Code	
Phone (Home)			Phone (Cell)		E-mail	
Sex	Date of Birth		Race (Optional)			
<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian / Pacific / Islander <input type="checkbox"/> Other <input type="checkbox"/> American Indian / Alaskan			
Veteran Status (Optional) (**Attach Documentation)						
<input type="checkbox"/> Active Reserve	<input type="checkbox"/> Armed Forces Svc Medal Vet	<input type="checkbox"/> Inactive Reserve	<input type="checkbox"/> Vet (VA Eligible)			
<input type="checkbox"/> No Military Service	<input type="checkbox"/> Post-Vietnam Era Vet	<input type="checkbox"/> Retired Military	<input type="checkbox"/> Vet DD-214 **			
<input type="checkbox"/> Veteran (Non-Vietnam Era)	<input type="checkbox"/> Pre-Vietnam Era Vet	<input type="checkbox"/> Service Medal & Other Vet	<input type="checkbox"/> NON VET			
<input type="checkbox"/> Unverified Vet Status	<input type="checkbox"/> Vietnam & Other Protected Vet	<input type="checkbox"/> Other Protected Veteran	<input type="checkbox"/> Not indicated			

Section 3 - Professional Licenses and Education Information

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 No.	State	Date

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Name of School	State	Type of Degree / Cert	Date	Major	Minor

Section 4 - Emergency Contact Information (Optional)

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

Emergency Contact Name
 Last _____ First _____

Address _____

City _____ State _____ Zip Code _____

Emergency Contact Number (Home) _____ Emergency Contact Number (Work) _____

Relationship to Employee _____

Section 5 - Comments

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

Section 6 - Authorization

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

Employee Signature _____	BSCID _____	Date 1/26/12	Last 4 Digits SSN _____
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