Employee Action Form (EAF)

Employee Demographic Changes (Completed by employee)	Employee N	ame	Dept	Title
Name: Last First Middle	ID#	Manage	er/Department Head	Today's Date
Name: Last First Middle *For a name change, please present your new social security card to the Office of Psyroll and Talent and Human Capital Strategy (THCS). Address: Address: Address: Address: City State Zip Home Phone Other Phone Office Location Office Phone Emergency Contacts: Contact 1 Contact 2 Name Address Address Relationship Relationship Phone Number Phone Number Employee Signature Date Request for Leave of Absence (Completed by employees) Type of Leave Requested (circle all that apply) Personal Leave . Jury Duty . Military Duty . FMLA1: Care for your own serious health condition FMLA2: Care for an immediate family member with a serious health condition FMLA3: Due to birth, adoption or foster care placement of your child . FMLA4: Intermittent leave Anticipated Dates of Leave: Start Finish Employee Signature Date			, .	•
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Please return the completed form to Talent and Human Capital Strategy– Room C210, Main Campus Building.