

Office of Human Resources

Name Change Packet

Benefit forms must be completed when a benefit-eligible staff or faculty member changes address, marital status, and/or benefit plan enrollment. These forms must be completed and returned to the Human Resources office within 30 days of the qualifying event and/or status change.

✓ **Qualifying Events:** A change in your situation — like getting married, having a baby, or losing health

coverage — that occurs within the Open Enrollment Period

✓ **Verifying Dependents:** Submit enrollment information for children (including spouse or child's enrollment) in

required

the request for name change.

Forms to be returned for a name change:

Office of Human Resources Name Change Form

W-4 (only if you wish to change your federal withholding)

- Residency Certification
- Retirement Vendor Information Change Form

▪ Only complete the form for the vendor you have an account with

All forms are available in the Office of Human Resources, St Thomas Hall room 100

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Data Change Form

Name: _____ Royal ID #: _____

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UCCI
COBRA

Received in HR: _____
Date Completed: _____

Form **W-4**

Employee's Withholding Certificate

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024

Step 1:

(a) First name and middle initial

Last name

(b) Social security number

Enter
Personal
Information

Address

Does your name match the name on your social security card? If not, to ensure you get

-
-
-

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the

correct federal income tax from your pay. For more information, see the instructions for Form W-4.

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest



RESIDENCY CERTIFICATION FORM

of Pennsylvania Tax Withholding

EMPLOYEE INFORMATION RESIDENCE LOCATION

ADDRESS LINE 2

CITY STATE ZIP CODE DAYTIME PHONE NUMBER

MUNICIPALITY (City, Borough or Township)

COUNTY RESIDENT PSD CODE TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION – EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)

EMPLOYER FEIN

University of Scranton

2 4 0 7 9 5 4 9 5

STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)

800 Linden St

WORK LOCATION PSD CODE

WORK LOCATION NON-RESIDENT EIT RATE

ADDRESS LINE 2

3 5 0 9 0 1

CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying

statements and to the best of my (our) belief they are true, correct and complete.

PHONE NUMBER

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES,



SCRANTON, PENNSYLVANIA 18510
PHONE: (570) 941-7767 € FAX: (570) 941-4636