Vjg"Vgzcu"C ($O"Wpkxgtukv{"U{uvgo""}$ VFC"Pqvkhkecvkqp"qh"Ejcpig"kp"Gornq{ogpv"Uvcvwu"

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name (Print) Social Security number

INSTRUCTIONS

- Eqorngyg"crrtqrtkcvg"kvgou"kp"Ugevkqp"C."vjgp"ukip"cpf"fcvg"vjg"hqto0" 30
- 40 Ocmg"c"eqr{"hqt"{qwt"tgeqtfu0"
- Tgvwtp"vq" {qwt" J w o cp"Tguqwtegu"qt"Rc {tqnn"qhhkeg0" 50

A. Check the status change that applies to your situation and complete the information in that section.

Vgt o kpcvkp i "g o	nq{ogpv<"K"egtvkh{"vjcv"K"jcxglyknn"vgtokpcvg*f+"o{"gornq{ogpv"kp"Vjg"Vgzcu"C(O"Wpkxgtu # nkv xgpfqt0"	{"vq"gu		
	Eqpvkpwkpi"gornq{ogpv"chvgt"cig"7; "*fkuvtkdwvkqp"tgswguvgf+<"K"egtvkh{"vjcv" o{"fcvg"qh"dktvj"ku"*oolffl{{+"aaaaaaa cpf"vjcv"K"yknn"cvvckp"vjg"cig"qh"7; "fwtkpi"vjg"oqpvj"qh"*oolffl{{+"aaaaaaaaaaaaaaaaaaaaaaa" "			
	Fgcvj"qh"gornq{gg"*vq"dg"eqorngvgf"d{"Jwocp"Tguqwtegu"qt"Rc{tqnn"qhhkeg+"Fcvg"qh"fgcvj <aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa< td=""><td></td></aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa<>			
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Employee signature (if completed by employee)

Date

B. Your Human Resources or Payroll office will complete this section and submit this form to each TDA vendor listed above.

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Egcugf"vq"dg"cp"g o rnq {gg."cvvckpgf"tgvktgg"uvcvwu." y km"tgcej "c	ig"7; ."qt"jcu"fkgf."cu"kpfkecvgf."cpf"vjgtghqt	g"vjg"VFC"ceeqwpv"ecp"
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Name	and	title

Signature

Date