

Employee Information & Update

Important: This form must be submitted to the DGS Business Process Department, Department 937, ATG, in order to receive pass privileges with Delta Air Lines.

1 – Employee Information Always complete this section in its entirety

PPR Number:

Last Name	First Name	Middle Initial	Today's Date
Social Security No.		Department/Station	
Date of Employment <small>Month/Day/Year</small>	Date of Birth <small>Month/Day/Year</small>	Hire Date <small>Month/Day/Year</small>	
Address			
City	State	Zip	Home Phone

2 – Spouse/Ex-Spouse's Personal Information

- Add
 Change/Correct
 Delete Report death Report divorce

Last Name	First Name	Middle Initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security No.	Date of Birth <small>Month/Day/Year</small>	Date of Marriage <small>Month/Day/Year</small>	Date of Divorce <small>Month/Day/Year</small>

Provide photocopy of Certified Marriage Certificate. Provide photocopy of divorce decree recorded by the judge (1st & last page)

3 – Parental Information (Please include your birth certificate if your last name differs from your parent's last name)

- Add Delete
 Change/Correct Report Death

Parent 1 Last Name	First Name	Middle Initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security No.	Date of Birth <small>Month/Day/Year</small>	<input type="checkbox"/> Parent <input type="checkbox"/> Step-parent	
Parent 2 Last Name	First Name	Middle Initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security No.	Date of Birth <small>Month/Day/Year</small>	<input type="checkbox"/> Parent <input type="checkbox"/> Step-parent	

If you elect a step-parent please provide photocopy of Certified Marriage Certificate

Send via Company Mail to: **DGS Business Process, Dept. 937, ATG**

Send via US mail:
DALGlobal Services
Business Process Department 937
980 Virginia Avenue. 4th Floor
Atlanta, Georgia 30320

Fax to: (404) 677-1486

Signature _____ **Date** _____

4 – Dependent/Nondependent Information if more than two children, fill out an additional form

Child – Last Name		First Name		Middle Initial	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security No.			Date of Birth		
<input type="checkbox"/> Natural Born Child			Provide a photocopy of Birth Certificate		
<input type="checkbox"/> Legally Adopted Child	Date adoption was finalized:		Provide photocopy of Adoption Finalization Order		
<input type="checkbox"/> Stepchild	Date child was moved into your home on a permanent basis:		Provide a photocopy of Birth Certificate		
Nondependent stepchildren are not eligible for pass privileges unless child lived in the employee's household as a dependent child					
<input type="checkbox"/> Legal Guardian	Date court appointed:		Provide photocopy of Adoption Finalization Order		
<input type="checkbox"/> Child is a full-time student	Date child became a full-time student:				
<input type="checkbox"/> Child is NO LONGER a full-time student	Date classes were last attended:				

Provide one of the following as proof of student status (age 19-22 only):

- (1) Signed letter from school registrar's office (use Student Enrollment Verification form)
- (2) Photocopy of current tuition bill or schedule with total number of credit hours
- (3) Letter of missionary service

Residence Eligibility Criteria for Dependent / Nondependent Child:

<input type="checkbox"/> Child lives in house	Date child began living in your household _____	Does this child live in your household on a permanent basis year-round other than time spent living away at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Child lives out of house	Date child moved out of your household _____	Do you provide more than 50% of the child's financial support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does this child live with your ex-spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If no, does the child live with a relative of that child that is a US taxpayer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, indicate the relationship of that relative to the child: _____		
	If no, describe the relationship of the person the child lives with to the child: _____		

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