

Name / Address Change Form

Employee Name: _____

Position: _____ Full-time Part-time

Address/Phone Number Change:

Please change my home/mailling address and/or phone number

From:

Home: _____

Mailing: _____

Phone Number: _____

To:

Home: _____

Mailing: _____

Phone Number: _____

Name Change:

Change my name to: _____

Change my status to: Single Married Divorced Domestic Partner Widow/Widower

Please note: any name change will require documentation. Contact a member of Human Resources to discuss.

Sign and return to the Human Resources Department.

Signature: _____ Date: _____

If you should have any questions regarding changing your name, address, or phone number, please contact the Human Resources Department at x4075.

Human Resources Use Only:

HR/Payroll Updated: ____ / ____ / ____ Benefits Updated: ____ / ____ / ____ Sent to AP ____ / ____ / ____