

EMPLOYEE CHANGE FORM

Please print this form, complete it, supply the required documentation (when applicable), and sign below.

Forward the completed form to the following address:

Office of Human Resources
Box 4

Name/Address Change

Address Change: _____ Effective Date: _____

New Address: _____

New Phone: _____

Change Requested By (Print Name): _____

Signature: _____ Date: _____

Name Change

Name Change /Correction Effective Date: _____

Requests for a name change/correction must include proof of legal name (e.g photocopy of your Marriage License, Divorce Decree, Court Order, or Driver's License). A photocopy of new social security card (displaying new name) must be presented when changing names.

Previous Name: _____

New Name: _____

Name Change Requested By (Print Name): _____

Signature: _____ Date: _____

Date Completed _____ (HR use only)