



NAME/ADDRESS CHANGE FORM

NAME: _____ SSN/SID: _____

Is this a name change? Yes No

➤ If Yes, a social security card must be presented for verification, and the following forms must be filled out:

◆ W-4 ◆ BENEFICIARY ◆ RETIREMENT

If yes, provide previous name: _____

CHECK ONE: Administrative/Exempt Full Time Faculty Part Time Faculty
 Classified Temp/1000 Hour Student Employee
 Volunteer

HOME ADDRESS: _____

(STREET)

(CITY)

(STATE)

(ZIP CODE)

(TELEPHONE NO.)

EFFECTIVE DATE: _____

BLDG. NO.: _____ EXT.: _____ MAILSTOP: _____

**PLEASE RETURN IMMEDIATELY TO THE HUMAN RESOURCES OFFICE
MAILSTOP 99-200**

Employer:

PPMS Updated _____

ELIGIBLE FOR BENEFITS _____ if so update HCA _____

PAYROLL/PERSONNEL FOLDERS Updated _____