

EMPLOYEE  
NAME/ADDRESS CHANGE NOTICE

**PLEASE PRINT**

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

SS# \_\_\_\_\_ Campus/Department \_\_\_\_\_

Name (see below)       Address       Telephone

Change to:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (    ) \_\_\_\_\_

**NAME CHANGES ONLY**

Contact the Payroll Office immediately to complete:

- 1.** Insurance Form
- 2.** Other Applicable Documents

Present records show:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (    ) \_\_\_\_\_

This change is:  Permanent     Temporary until \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

If this is an address or telephone change only, no additional action is necessary beyond filing this notice.

**RETURN COMPLETED FORM TO PAYROLL OFFICE**