

EMPLOYEE NAME AND/OR ADDRESS CHANGE FORM

*NAME _____ EMPLOYEE NO. _____

**NEW ADDRESS _____ LOCATION/SCHOOL _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

This address will be used for tax computation and mailing of your W2. If you have questions concerning this contact HR.

PHONE NO. _____ POSITION _____

FORMER NAME _____

***In order for you to change your name, you must attach a copy of your social security card with the new name.**

FOR HUMAN RESOURCES USE ONLY

Folder		IFAS		I9 Form		ID Badge	
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Return completed form to Human Resources.