



# CHANGE OF ADDRESS / PHONE NUMBER OR NAME CHANGE

Employee Name: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

## Address Change Request

Current Address: \_\_\_\_\_  
Number Street Apt #

City State Zip Code

New Mailing Address: \_\_\_\_\_  
Number Street Apt #

City State Zip Code

New Physical Address Number: \_\_\_\_\_  
Number Street Apt #

City State Zip Code

Current Phone Number: \_\_\_\_\_ New Phone Number: \_\_\_\_\_

## Name Change Request

Current Name: \_\_\_\_\_

Name Change to: \_\_\_\_\_

Reason for Change:  Marriage  Divorce  Other \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE:** A completed W-4 and a copy of your Social Security Card reflecting the name change must accompany all name change requests. Name changes will not be changed in the system without the appropriate documentation.

### For HR Use Only

Entered into Caselle: \_\_\_\_\_ Initials: \_\_\_\_\_ I-9 Updated: \_\_\_\_\_

Copy to Payroll:  Yes Date: \_\_\_\_\_

Email 'Helpdesk'  Yes Date: \_\_\_\_\_

(Name changes only submitted to 'Helpdesk')