



Change of Employee Information

CHECK THE CHANGE TO BE MADE:

_____ Name* _____ Address _____ Phone Number

***Name changes can only be made with updated Social Security Card**

Employee Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: _____

Campus/Department: _____

Signature

Date

FOR HR USE ONLY:

Date received: _____ Date completed: _____