



# CHANGE OF NAME / ADDRESS / PHONE NUMBER

Please complete and sign this form when there is a change of name, address or phone number. For a name change, a copy of the Social Security card reflecting the new name must be provided (name can't be changed on payroll records until this is received).

**Current Personnel Information** (please print):

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

Last four digits of Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Work Location: \_\_\_\_\_

Current Position: \_\_\_\_\_

Type of Change	New Information
Name Change <small>Copy of Social Security Card is required for name change - please attach</small>	
New Address <small>Include street and city</small>	
New Phone Number	

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

\_\_\_\_\_  
Date Form Completed

**FOR CENTRAL OFFICE USE ONLY**

<i>This form will be filed in employee's personnel file when everyone has initialed.</i>	Initials	Date
1) PR information updated in MUNIS		
2) Health & Life updated in KHRIS		
3) Personnel roster updated		
4) AESOP updated		
5) AP information updated		
6) Infinite Campus updated		
7) Email updated		