OFFICE OF HUMAN RESOURCES

Update my personnel records of the following changes:

_____ **CHANGE OF ADDRESS**

Social Security Number:_____

Name:_____

Previous Address:_____

City:_____

Phone:_____

New Address:_____

City:_____

Phone No.: SAME or NEW:_____

_____ **CHANGE OF NAME**

***Employee: DL, SSN and I-9 (Section 3) reflecting new name required**
***HR Office – Name label needed for Personnel File is required**

Previous Name:_____

Social Security Number: _____

New Name: _____

_____ _____

Signature Date