



CHANGE OF NAME/ADDRESS/TELEPHONE NUMBER

Directions: Employee completes (and signs) this form when there is a change of name, address or telephone number. Please carefully follow all directions on this form. For a name change, a copy of Social Security card reflecting the new name must be provided (name can't be changed on payroll records until this is received).

Employee Name (PLEASE PRINT)-if name change print former name here & new name below

Soc.Sec.#

Name Change: copy of card required

<input checked="" type="checkbox"/> Type of Change <i>(mark all that are changing)</i>	Information <i>(please complete address & telephone #, whether or not these are changing)</i>	Effec. Date of Change
<input type="checkbox"/> Name <i>(only for a name change)</i>	_____	_____
<input type="checkbox"/> Address	_____ _____	_____
<input type="checkbox"/> Telephone #	_____	_____

Employee Signature

Date Form Completed

FOR CENTRAL OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE.

Date Received:

Initials

Date

1 Payroll information updated in MUNIS

2 Health Ins. & Life Ins. Changed in KHRIS

3 Updated Information in Red Rover

4 Updated Information in IC

5 Name Change Only: Personnel File Label

6 Name Change Only: Notify Technology for E-mail

7 Name Change Only: E-Stub

8 Name Change Only: Google

9 Name Chang Only: Notify AP for Amazon & TPT

This form is to be filed in employee's personnel file when everyone has initialed.