Updated 09/10/2026

Name and or Address Change Form

(Please Return to Payroll)

Please PRINT all information on this form.

Date: _____

Current Name on Payroll: _____

Name Change (must attach SS Card): _____

New Address: _____

_____

New Phone Number: _____

Social Security Number: XXX-XX-_____

School or Location: _____

Job Position or Title: _____

Please note the following on requested changes:

- **Any name changes should be accompanied with a copy of your new social security card**
- **With address changes, please be aware that you will also need to update your address with PEEHIP and TRS.**

I hereby give permission to have the requested changes made on all of my employee records and files.

_____ _____

Employee's Signature Effective Date