

# Change Form



Check One:     Student     Part-Time Staff     Full-Time Staff     Part-Time Faculty     Full-Time Faculty

## Employee Information

Full Legal Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Preferred Name \_\_\_\_\_

Former Name \_\_\_\_\_  
*(If Name Change, Provide Previous Name Here)*

## Permanent Address

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

## Paycheck Address

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

## Authorizations

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

## Return to Human Resources

### *Internal Use:*

Employee ID # \_\_\_\_\_ Pay Group \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Human Resources \_\_\_\_\_ Date \_\_\_\_\_