

Name/Address Change Form

***** Please Print *****

Instructions: Please return completed form to the Personnel/Payroll Office, so that your new address will be activated for all your employment records and documentation.

NOTE: *This form is not applicable for an address change if you are enrolled in the State Health Benefit Plan. A separate document must be completed if you are currently enrolled in the State Health Benefit Plan.*

NEW ADDRESS

SSN (last 4 digits): _____ PHONE: _____

NAME: _____

ADDRESS : _____

CITY: _____ COUNTY: _____

STATE: _____ ZIP CODE: _____

Payroll check mailing address (if different)

PREVIOUS ADDRESS

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

SIGNATURE

DATE