



**NOTIFICATION OF
CHANGE OF NAME/ ADDRESS /TELEPHONE NUMBER**

Name: _____ Dr. Mr. Ms. Mrs.
First Name Middle Initial Last Name

Social Security Number: _____ Department: _____ On-Campus Telephone # _____

Employment Status: Full-Time/Part-time (Bi-weekly payroll) Special Monthly (e.g. Adjunct Faculty & Others) Honorarium (e.g. Lecturers & Others)

FORMER ADDRESS & TELEPHONE NUMBER

Street: _____
 City: _____ State: _____ Zip: _____
 Phone: (_____) _____

NEW ADDRESS & TELEPHONE NUMBER

Street: _____
 City: _____ State: _____ Zip: _____
 New Home Telephone Number: (_____) _____

NEW Name and/or Change in Marital/ Domestic Partner Status

(Former Name) _____

New Name _____

New Marital Status: Single Married Domestic Partner Divorced Widowed Effective Date: _____

New Spouse /Domestic Partner Name _____ SS# _____ DOB: _____

FOR FULL-TIME EMPLOYEE'S ONLY

- 1. *Do you want your address published in the College Directory?* Yes No
- 2. *Do you want your telephone number published in the College Directory?* Yes No
- 3. *Do you want your spouse's/domestic partner's name published in the College Directory?* Yes No

EMPLOYEE SIGNATURE

DATE SUBMITTED FOR CHANGES

FOR H/R USE:

Payroll Acct. # _____ PS# _____

United Health Care Hyatt Legal Care Insurance EE Bonds

I Bonds

Delta Dental ERS TIAA/CREF

VSP Vision Service Plan MetLife VALIC

CS3 Completed

Flex-Plan Services (FSA) CS3 Completed or on-line

AFLAC Date: _____

2/14