

CHANGE OF ADDRESS/NAME FORM

Instructions: Please complete each section of this form and return it to the HR/Payroll Office, so that your new address/name will be activated for all your employment records and documentation. It is recommended that you keep a copy of this form for your files.

It is important to note that this form is not applicable for an address/name change for the State Health Benefit Plan a separate document must be completed if you are currently enrolled in the State Health Benefit Plan.

SSN:	Employee ID:		
CITY:Z	IP CODE:	PHONE:	
NAME: ADDRESS:	DRESS/NAME		
		ZIP CODE:	
******	******	*******	******
Employee Signature		 Date	