



MARICOPA  
COMMUNITY  
COLLEGES®

**MCCCD EMPLOYEE ADDRESS/NAME CHANGE FORM**  
Return to Payroll Department

**Name Change Only:** Prev. Name: \_\_\_\_\_

**You must include: SS Card with new name, new W-4 and A-4**

**Employee Information**

<b>Last Name, First Name</b>		<b>Employee ID:</b>
<b>New Home Address or Post Office Box</b>		<b>Home Phone #</b>
<b>New City, State and Zip Code</b>		<b>Campus Location:</b>
<b>Employee Signature</b>	<b>Today's Date</b>	<b>SS#</b>

**Payroll Use Only**

<b>Input Date</b>	<b>Initials</b>	<b>Email Sent</b>	<b>PPE Date</b>
-------------------	-----------------	-------------------	-----------------

**Instructions:**

**Name Change:**

If you are changing your name, please fill out complete form including previous name and employee information. Include a copy of your social security card with your new name and a new W-4 and A-4 with your new name.

**Address Change:**

If this is an address change only, please fill out Employee Information and sign.

For Name Changes and Address Changes: If you are an Arizona State Retirement (ASRS) participant, you will need to contact Arizona State Retirement @ 602-240-2000 or [https://www.azasrs.gov/content/pdf/forms/Change\\_of\\_Address\\_Or\\_Name.pdf](https://www.azasrs.gov/content/pdf/forms/Change_of_Address_Or_Name.pdf)