CHANGE OF ADDRESS / NEW NAME/ E-MAIL ADDRESS will be updated

Return to Office of Human Resources

Effective Date: _____ Employee ID: _____

Name: _____
Last First Middle Initial Other

New Last Name: _____
Last First Middle Initial Other

Present Assignment: _____ Campus/Location: _____

New Address: _____
Street Number City ST Zip Phone Number

Previous Address: _____
Street Number City ST Zip Phone Number

EMPLOYEE SIGNATURE: _____ Date Received: _____

Munis ☐ TEAMS ☐ Payroll ☐ Technology ☐ HR ☐ Campus/ Dept. Secretary