

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 ☐ Teri ☐ Jeffrey ☐ Elva ☐ Jennifer ☐ Campus Secretary ☐

If Name Change: change I-9 ☐ , employee folder ☐ , salary folder ☐ and job description ☐

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