

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  Marsha  Jeffrey  Elva  Rosemary  Campus Secretary

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

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