



**EMPLOYEE CHANGE OF NAME / ADDRESS FORM**

**TO: Human Resources / Payroll**

**FROM:** \_\_\_\_\_  
*Printed employee full name* *employee number*

**CHANGE** (please circle)                      **NAME**                      **ADDRESS**                      **PHONE**

**New name\*** \_\_\_\_\_  
*\*(name change must be accompanied by a copy of a new Social Security card that verifies the new name)*

**New address** \_\_\_\_\_  
\_\_\_\_\_

**Mailing address if different** \_\_\_\_\_  
\_\_\_\_\_

**Phone number** ( \_\_\_\_\_ ) \_\_\_\_\_

**Cell phone number** ( \_\_\_\_\_ ) \_\_\_\_\_

**Date changes are effective** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of employee** \_\_\_\_\_ **date** \_\_\_\_\_

\*\*\*\*\*

**Please let us know who else needs notified (check) :**    **IPERS**\_\_\_\_    **EBS**\_\_\_\_

**City Credit Union**\_\_\_\_                      **Other**\_\_\_\_ \_\_\_\_\_

**When complete, please forward on to HR and Payroll Dept.**