

**ADDRESS or NAME CHANGE - Classified Employee**

**Address Change:** PLEASE PRINT

Last 4 digits of social security# or EID# \_\_\_\_\_ Job Title \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact-Name & Relationship to you and Phone Number \_\_\_\_\_

**OR**

**Name Change:** PLEASE PRINT (Must bring **NEW** original social security card)

Previous Name \_\_\_\_\_

New Name \_\_\_\_\_

The new information provided is current and correct, please make necessary changes that have been indicated above. It is the responsibility of the employee to provide a current, correct address or name change to Human Resources Dept.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Today's Date