



Name Change and/or Change of Address Form

PLEASE PRINT CLEARLY WHEN COMPLETING THIS FORM TO AVOID ERRORS

Use this form to change your name and/or address.
In addition, provide your current phone number(s) and email address.

Name Change (If Applicable)**

Former Name: _____

New Name***: _____

EMPLOYEE NUMBER: _____

*** When changing your name, a copy of your social security card reflecting your new name must be attached to this form.***

Address Change (If Applicable)**

Your Name: _____

Employee Number: _____

Your New Address: _____

Address Line 2: _____

City, State and Zip Code: _____

Phone Number(s): _____

Email Address: _____

Effective Date for Change: _____

*Only the original paper copy is to be returned to Star Reams/HRD or Talisha Ross/Payroll.
Your supervisor, Admin staff or HRD partner can inter-office the original copy for you.*