

CHANGE OF ADDRESS/NAME REQUEST

Type or print the information requested so that your pay records can be updated accurately.

INFORMATION ABOUT YOU

You must provide your Name and Social Security Number (SSN) to identify your pay account:

Name _____
Last First MI

Social Security No (last 4 digits only) - _____ Program: _____

CHANGE(S) TO BE MADE

_____ I request this change to be effective on _____.
FROM (Old Name): _____ **TO (New Name):** _____

(Copy of Social Security Card must be included w/form)

FROM (Old Address):

TO (New Address):

Street: _____ Street: _____
City: _____ City: _____
State: _____ Zip Code: _____ State: _____ Zip Code: _____
Home: _____ Cell: _____

Emergency Contact Information:

Name: _____
Street: _____ City: _____
State: _____ Zip Code: _____ Telephone: _____

SIGNATURE OF EMPLOYEE

DATE

This form is subject to the Privacy Act of 1974 (5 USC 552a). The information requested will be used to update your records with your U.S. mailing address. Furnishing all requested information will expedite the process of updating your records. The effects of not providing all or part of the requested information may delay your receipt of applicable documents.

FOR OFFICE USE ONLY: Paycor KHRIS