222 Administration Building • Fayetteville Arkansas 72701 • (479) 575-5351 • (479) 575-6971 (FAX)

Human Resources

EMPLOYEE NAME/ADDRESS CHANGE FORM

First Name	Last Name	SSN or Employee ID	Phone Number
_____	_____	_____	_____

NAME CHANGE

OLD NAME: _____

NEW NAME: _____

*Name will not be changed on the payroll system unless a new **Social Security Card** Reflecting the new name is attached.

ADDRESS CHANGE

NEW ADDRESS: _____
_____
_____
_____

Please change my address/name with the following:

- ☐ **University Payroll System,** I understand that for Social Security reporting purposes, my name must appear on the University's Payroll System the same as it appears on my Social Security Card. I further understand that my W-2 form will be mailed to the address.

- ☐ **QUALCHOICE**
- ☐ **TIAA-CREF**
- ☐ **DELTA DENTAL**
- ☐ **FIDELITY INVESTMENTS**
- ☐ **SUPERIOR VISION**

_____ _____
Signature Date

Revised 8/09

The University of Arkansas is an equal opportunity/affirmative action institution