

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

## **Human Resourceu**

## EMPLOYEE NAME/ADDRESS CHANGE FORM

First Name	Last Na	me	SSN or Employee ID	Phone Number	
		NAME (	<u>CHANGE</u>		
OLD NA	ME:				
NEW NA	ME:				
	Il not be changed on the p the new name is attached		m unless a new Social Secur	ity Card	
		ADDRES	S CHANGE		
NEW AD	DRESS:				
Please ch	ange my address/name	with the fo	ollowing:		
	University Payroll System, I understand that for Social Security reporting purposes, my name must appear on the University's Payroll System the same as appears on my Social Security Card. I further understand that my W-2 form with be mailed to the address.				
		If* I am a U of A student I understand I must also hange my address in UAConnect			
Signature		p	Date sed 5/18		