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Human Resourceu

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.
- . . . *If* I am a U of A student I understand I must also change my address in ISIS

_____	_____
Signature	Date

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