



## Employee Information Change

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Please select one:      Retiree/Separated      Active Employee

Last Name

First Name

Last 4-Digits of SSN

Prior Contract Title

Campus

Current/Former Department

Change of (Check all that apply):

                Name                  Address                  Telephone Number

Effective Date of Change

Last Name

First Name

Address    Apt/Suite #

City                                  State                          Zip

Telephone Number

Email Address

Signature    Date

Please note:

- Legal paperwork must be submitted for name changes
- If using a P.O. Box as mailing address, you must supply a street address to be kept on file as your home address
- Please contact your welfare fund and/or pension plan directly to update your address