

# Name/Address Change Form

Human Resources Department

- Fulltime  
 Part time  
 Adjunct

Colleague ID Number \_\_\_\_\_

Current Name: (Please Print)

\_\_\_\_\_  
Last First M/I

Published Name (Outlook and Directory) if preferred: \_\_\_\_\_

New Address: \_\_\_\_\_ Date moving in (if not current) \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_/\_\_\_\_\_  
Area Code Home Phone Area Code Cell Phone Area Code Work Phone

Have you moved to a new city of school district? Y N N

If so, please complete a new state tax form IT-4 to ensure the correct taxes are credited to you. The form can be found on the CSCC Intranet as well as in Human Resources, RH-115, and the Payroll Office, RH-227.

Previous Name/Address: Name: \_\_\_\_\_

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_/\_\_\_\_\_  
Area Code Home Phone Area Code Cell Phone Area Code Work Phone

Emergency Contact Change:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

- \* A signature is required for changes
- \* A name change requires this form presented to the HR office, RH 115, along with your social security card bearing the new name.
- \* Human Resources will update insurance carriers
- \* This form is for Human Resources and Payroll use only