



GES

NAME AND ADDRESS CHANGE FORM

EMPLOYEE NAME:

Last First Initial

SOCIAL SECURITY NUMBER: _____ - _____ - _____

CITY/LOCATION: _____

1. **NAME CHANGE** (A copy of your Social Security Card with new name **must** accompany this form. If due to a marriage, also include a copy of the marriage certificate.)

FROM: _____

Last First Initial

TO: _____

Last First Initial

2. **ADDRESS CHANGE**

Street & Apt

City State Zip Code

Phone: Home (____) _____ - _____ Work (____) _____ - _____

DOES EITHER CHANGE RESULT IN A SITUATION THAT IS IN VIOLATION OF THE NEPOTISM POLICY? Yes No

If yes, employee name: _____

Relationship: _____ City/Location: _____

I authorize the above changes to be made to my Payroll, Personnel, and Benefit files, as applicable

Employee Signature

Date

RETURN TO HUMAN RESOURCES

1. _____ Copy to Payroll, add P2k alias, update benefit vendors

2. _____ Payroll - Change address & tax jurisdiction

3. _____ HR - Verified Complete