



Personnel Data Change

Name: _____ ID#: _____
(As listed on current records)

Effective Date of Change: _____

Name Change

(Documentation is required. Please contact Human Resources.)

New Name: _____
(Last) (First) (Middle)

What computer folder(s) to you have access to? _____

Address Change

New Address: _____
(Street) (City) (State) (Zip)

Phone #: _____

Does this apply to your: Current Mailing Address () Permanent Address () Both (X)

Signature: _____ Date: _____

Employee is responsible for notifying TIAA-CREF, APERS or ARTRS of address change if applicable.

(For Human Resource Use Only)

- Banner
- Delta
- Jefferson Pilot
- Blue Cross
- Computer Services
- FlexCo