

ADDRESS/NAME CHANGE AUTHORIZATION FORM

Date Completed: _____

Employee Name: (First, MI, Last) _____

Date of Birth: (MM/DD/YYYY) _____

Primary Contact Number: _____

Secondary Contact Number: _____

Please check		
Type of Change:	<input type="checkbox"/> Address	<input type="checkbox"/> Name
New Address:	_____ _____ _____	
<i>**For Address Changes, please include Apartment Number or Building Unit, if applicable</i>		
Name Change:	_____	
	First	MI Last
<i>**For Name Changes, you must provide a copy of your Driver's License and Social Security Card reflecting the new name; otherwise no changes will be made.</i>		

FOR OFFICE USE ONLY

Date received in office: _____

HR will keep the original and Payroll to get a copy.

- Changed in ADP
- Changed in Principal
- Changed in Employee Navigator
- Changed in SPEC Group (DFW)