

Effective Date: \_\_\_\_\_



**EMPLOYEE CHANGE AUTHORIZATION FORM**

**Name Change**

**Address Change**

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ EMP ID#: \_\_\_\_\_

**ADDRESS CHANGE**

**Previous Address**

\_\_\_\_\_  
Number and Street APT#

\_\_\_\_\_  
City State Zip Code

**New Address**

\_\_\_\_\_  
Number and Street APT#

\_\_\_\_\_  
City State Zip Code

**NAME CHANGE**

**Previous Name**

\_\_\_\_\_  
First Name M.I. Last Name

**New Name**

\_\_\_\_\_  
First Name M.I. Last Name

You must submit proper documentation supporting your name change.

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

Employee Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_