



The University of Akron
 Human Resources Information Services(+4730)
 (330)972-7096\Fax(330)972-5195

EMPLOYEE ADDRESS & NAME CHANGE FORM

Payroll
 ASB 972-7205

EMPLOYEE INFORMATION
 Please print or type all information

NAME _____ EMPL ID# _____

SIGNATURE _____ DATE _____

Check one: FT Faculty/Staff/Contr Prof PT Faculty/Staff/Contr Prof Graduate Assistant Student Employee

ADDRESS CHANGE
 (If home and mailing address are the same, enter only home address)

NEW HOME ADDRESS _____ EFFECTIVE DATE _____

CITY _____ STATE _____ ZIP _____

COUNTY (OHIO ADDRESS ONLY) _____ COUNTRY (NON U.S. ONLY) _____

NEW MAILING ADDRESS (NUMBER AND STREET) _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

NAME CHANGE

All name changes must be made *in person* in Human Resources, ASB 130W, or Payroll ASB. Please bring legal documentation indicating the name change. The following documents are accepted: a marriage license, divorce decree, court order, driver's license, or social security card. Human Resources' staff has discretion to accept minor changes in names (for example spelling corrections) over the phone or via mail.

NEW NAME _____ EFFECTIVE DATE _____

MAIDEN NAME _____

PREVIOUS NAME _____

NAME SUFFIX (JR., II, ETC.) _____

OFFICE USE ONLY

Distribution:
 HRIS
 Payroll (name changes only)
 Graduate School (Graduate Assistants Only)

Processed by (initial/date): _____
 Name change documentation
 verified by: _____

RETURN COMPLETED FORM TO HUMAN RESOURCES INFORMATION SERVICES +4730