**CHANGE OF ADDRESS AND/OR NAME CHANGE-EMPLOYEE Missouri State University**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME**: Last First M.I. BearPass Number Date

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**NEW NAME**: Last First M.I. Date

**Employees submit form to: □**Full-time **□**Single

Office of Human Resources, Carrington Hall 315 □Part-time **□**Married

901 S National; Springfield MO 65897

FAX: (417) 836-6789

HumanResources@MissouriState.edu

|  |
| --- |
| * *To change your benefits and/or beneficiaries, please contact HR*
* *To change tax deductions,**please contact Payroll*
* *To change your name or marital status, please take your new Social Security card (reflecting the legal name change) to HR with this form*
 |
| □ **Primary Address (Required)** |  |
| This is your home address | Street | Apt. No. |
| City  | State | Zip |
| Telephone: ( ) --- □ Cell  |
| □ **Emergency Contact Information (Desired)**  |  |
| Please provide at least one emergency contact. This is not associated with the MSU Alert system which is used to notify you of important information. | Name |
| Relationship |
| Street | Apt. No. |
| City  | State | Zip |
| Telephone: ( ) ---  |
| □ **Temporary or Mailing (Optional)**   |  |
|  | Street | Apt. No. |
| City  | State | Zip  |
| Telephone: ( ) --- □ Cell |

*Office Use Only:*

*\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_*

*Initials Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date