



NAME / ADDRESS / PHONE CHANGES

DATE _____

NAME *Last* _____ *First* _____ *Middle* _____

SOCIAL SECURITY NUMBER: _____ -- _____ -- _____

FOR NAME CHANGE OR NEW SOCIAL SECURITY NUMBER ONLY

WORK LOCATION # ____ *School/Department* _____

EMPLOYEE TYPE: *current* *former* *retired*

Certified *ESP*

MAKE CHANGES TO THE FOLLOWING:

NEW NAME *Last* _____ *First* _____ *Middle* _____
(*must provide original social security card in new name*)

NEW ADDRESS _____

City _____ *State* _____ *Zip* _____

NEW PHONE NUMBER (_____) _____

FOR NAME CHANGE ONLY, YOU MUST COMPLETE EACH OF THE FOLLOWING:

- | |
|--|
| <p>Name Change Form</p> <p>Social Security Card or Receipt from Social Security Office</p> <p>W-4 Form</p> <p>Retirement Change Form (if eligible)</p> <p>Direct Deposit Change (only if account number has changed)</p> |
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Note: This form must be in the Human Resource Department on or before the TENTH DAY of the month in order for it to be processed for that month's payroll. The Human Resource Department is located at 9361 S 300 E, Sandy, UT 84070