



Office of Human Resources and Employee Relations

CHANGE OF NAME/ADDRESS/EMERGENCY CONTACT FORM

(Name change will not be processed without new social security card and driver's license)

Employee name: (Previous/Current Name) AVC ID #

Division/Department: Emp. Type:

Old Address: Street City State Zip Phone Number AVC Email

Effective Date of Change:

New Name:

New Address: Street City State Zip

New Phone Number: ()

New Emergency Contact:

Relationship to Employee:

Employee Signature - (Sign, Date & Return to HR) Date

Do you want to change your email address to reflect your new name? Yes No
Do you want to change your benefits/beneficiary designation? Yes No
Do you want to change your W-4 withholding? Yes No

New forms are available at the Human Resources front desk for benefits/beneficiary designation and W-4 withholding.

OFFICE USE ONLY

Date changed in Banner: by:

Cc: Payroll Personnel Benefits ITS Division Supervisor