

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

NAME: Last First M.I. BearPass Number Date

NEW NAME: Last First M.I. Date

Employees submit form to:

- Full-time Single
 Part-time Married

Office of Human Resources, Carrington Hall 118
 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*

<input type="checkbox"/> Primary Address (Required)			
This is your home address	Street		Apt. No.
	City	State	Zip
	Telephone: () --- <input type="checkbox"/> Cell		
<input type="checkbox"/> Emergency Contact Information (Desired)			
Please provide at least one emergency contact. This is <u>not</u> associated with the MSU Alert system which is used to notify <u>you</u> of important information.	Name		
	Relationship		
	Street		Apt. No.
	City	State	Zip
	Telephone: () --- <input type="checkbox"/> Cell		
<input type="checkbox"/> Temporary or Mailing (Optional)			
	Street		Apt. No.
	City	State	Zip
	Telephone: () --- <input type="checkbox"/> Cell		

Signature _____ Date _____

<i>Office Use Only:</i>	
_____	_____
<i>Initials</i>	<i>Date</i>