



ADDRESS & NAME CHANGE FORM

TO: Virginia State University
Human Resources Department
P.O. Box 9412
Virginia State University, VA 23806-2520
Fax Number: (804) 524-5733

_____ Date

From: Faculty FA Classified Adjunct Hourly **(Circle Employment Classification)**

_____ Print Name

00 - _____ EID Number (DHRM)

_____ Department

_____ Box Number

(_____) _____ - _____ Work Phone Number

_____ Work Email Address

_____ Employee Signature

Address Change

Old: _____

New: _____ City _____ State _____ Zip (Include last 4) _____

Home Phone Number: (_____) _____ - _____

===== :

Name Change (Updated Social Security Card Required. HR must receive an updated Social Security card for all legal name changes.)

Old: _____ New: _____

To Be Completed By Representatives	<u>Processed</u>	<u>Initials</u>	<u>Date</u>
PMIS	_____	_____	_____
Banner	_____	_____	_____
VRS	_____	_____	_____
Payroll	_____	_____	_____