

## EMPLOYEE NAME/ADDRESS CHANGE FORM

To be completed and submitted through secure uploader, directed to Human Resources

<https://apps.yc.edu/secureupload/>

CHECK APPROPRIATE BOX: STAFF

FACULTY

Y # \_\_\_\_\_

REASON FOR CHANGE:

☐

MARRIAGE

☐

DIVORCE

☐

MOVED

☐

OTHER \_\_\_\_\_

Name (previous name if changing name)

**After filling out this form, please also contact the following to update your information if applicable:**

☐

ASRS or ORP

☐

Health Equity

☐

457 or 403b retirement plans

Please check the appropriate box(s) and complete information required.

☐

Full Legal Name

(previous name  
if changing name)

\_\_\_\_\_  
Please arrange with Human Resources (AskHR@yc.edu) to provide an ID, new social security card, and document authorizing the name change (e.g. marriage license, divorce decree, etc.) in order to complete the change.

☐

Preferred Name  
change

\_\_\_\_\_

☐

ADDRESS CHANGE

New address:

\_\_\_\_\_  
Street Apt. #

\_\_\_\_\_  
City State Zip code

☐

TELEPHONE NUMBER CHANGE

New telephone #: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION:

Contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Relationship

☐

Entered in Banner

☐

Submitted to Summit

☐

Uploaded to M-Files

Employee's signature: \_\_\_\_\_

☐ Entered in Banner

☐ Submitted to Summit

☐ Uploaded to M-Files