



# Name and/or Address Changes

Please complete and sign this form.

If you are a **Medical Center** employee return the completed form to Medical Center Human Resources at:

**University of Virginia Health Sciences Center**  
**Box 800567**  
**Charlottesville, VA 22908 Fax # 924-9117**

If you are an **Academic** employee return the completed form to your department's Human Resource representative

## NAME / NAME CHANGE - (PLEASE PRINT)

*Current Name:* \_\_\_\_\_  
Last First Middle Initial

*Employee ID#* \_\_\_\_\_  
*(Employee ID – form will not be processed without this information)*

*New Name:* \_\_\_\_\_  
Last First Middle Initial

**Please note: If your Last Name has changed, it needs to reflect the information on file with the Social Security Administration. Failure to comply may result in problems with the IRS.**

## ADDRESS CHANGE - (PLEASE PRINT)

*New Address:* \_\_\_\_\_ Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_  
Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

## EMPLOYEE SIGNATURE — FORM MUST BE SIGNED & DATED

\_\_\_\_\_  
Name/Signature

\_\_\_\_\_  
Date

**Changes will be made effective the first pay period after notification unless otherwise indicated below.**

***Effective Date:*** \_\_\_\_\_

Human Resources Representative Signature: \_\_\_\_\_

Date Entered into Oracle/PeopleSoft: \_\_\_\_\_