

## DIVISION OF ADMINISTRATION

**REQUEST FOR**    NAME CHANGE    ADDRESS CHANGE    PHONE NUMBER CHANGE

Official Name of Employee (as current per our records)		Personnel Number	Section Name
<b>NAME CHANGE</b>			
From	To	Effective Date**	
<b>HOME ADDRESS CHANGE***</b>			
From	To	Effective Date**	
<b>PAYCHECK/EARNINGS STATEMENT MAIL ADDRESS CHANGE</b>			
From	To	Effective Date**	
<b>PHONE NUMBER CHANGE</b>			
From	To	Effective Date**	
<p><b>Note:</b> If you participate in the health insurance program through State Employee Group Program or an HMO, please provide name.</p> <p>Are you a participant in State Employees Group Benefits Life Insurance Program?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Should you wish to make any change(s) of you beneficiary for your retirement plan and/or life insurance plan(s) please contract your Personnel Office.</p> <p>*This is the address designated as your mailing address for payroll to send your payroll check or earnings statement.  **Effective date cannot be retroactive.  ***All documents related to Personnel Activity will be mailed to this address.</p>			
Employee Signature			Date