

## 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 degree, 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

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

Entered in Banner       Submitted to Summit       Uploaded to M-Files