CHANGE OF NAME/ADDRESS FORM

Human Resources Use Only

- ☐ Payroll
- ☐ HRMS
- ☐ Health Insurance
- ☐ BANNER

Send completed forms to the Office of Human Resources or email to hr@sunyit.edu.
Employees should also notify their department of this change.

First _____ MI _____ Last _____

Name changed to: *(For all name changes, a copy of new social security card must be presented with this form. Name changes will not be processed without this form of identification.)*

First _____ MI _____ Last _____

Home Address Change:

Street Address/PO Box _____

City/State/Zip Code _____

Phone (include area code) _____

County _____

Date _____