

North Carolina Agricultural and Technical State University  
Division of Human Resources

**Request for Name/Address Change Form**

Employee Name: \_\_\_\_\_ Banner #: \_\_\_\_\_

SHRA/EHRA Permanent       SHRA Temporary       EHRA Temporary

<b>NAME CHANGE</b>		<small><b>Important Note:</b> All name change actions must be initiated through the Form I-9 update process in the Division of Human Resources – Foreign National Employment Office.</small>	
Dr. Mr. Mrs. Ms.	(FROM) Last Name:		
Mrs. Ms.	First Name:		Middle:
Dr. Mr. Mrs. Ms.	(TO) Last Name:		
Mrs. Ms.	First Name:		Middle:

<b>ADDRESS CHANGE</b>			
<b>FROM</b>	Street /Route #:		Apt.#:
	City:	State:	Zip:
<b>TO</b>	Street/Route #:		Apt.#:
	City:	State:	Zip:

<b>TELEPHONE CHANGE</b>	
<b>FROM</b>	Area Code: _____ Phone #: _____
<b>TO</b>	Area Code: _____ Phone #: _____

<b>CHANGE CAMPUS INFORMATION</b>	
Building Location: _____	
University Telephone: _____	
E-Mail Address: _____	

<b>Printing Options</b>	<input type="checkbox"/> Print All	<input type="checkbox"/> Omit Home Address	<input type="checkbox"/> Omit Home Phone
-------------------------	------------------------------------	--	--

*I request that the above change(s) be made with an effective date of \_\_\_\_\_.*

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\*

**Please review page 2 of this form for additional instructions to complete this process.**

**RETURN THIS FORM TO THE DIVISION OF HUMAN RESOURCES**

***Division of Human Resources Use Only:***

<b>Name Change</b>	Form I9/Banner Updated	Payroll Notice Date	Benefits Notice Date	Personnel Notice Date
<b>Address Change</b>	Date Banner Updated	Date Benefit Vendors Notified	<i>DHR Representative Signature/Date</i>	

**Name Change:**

To complete the name change process with the University, the employee must complete the Request for Name/Address Change Form and provide **original** to the Division of Human Resources at 1020 East Wendover Avenue, Room 006 for verification update on the Form I-9 and Banner. ***NOTE: Federal regulations do not allow employers to accept pre-copied, scanned or faxed documents for verification; to complete the name change process the employee must physically visit the Division of Human Resources.***

The Division of Human Resources will provide the proper documentation to the Payroll Office to ensure that the employees name is changed by the next payroll date.

**Employees with State Health Plan/NC-Flex/Retirement Benefits:**

For those employees that receive University benefits, upon completion of the name change process with the Division of Human Resources, the processing DHR staff person will forward the appropriate documents to the Benefits Office for a Benefits Counselor to complete the name change update with the State Health Plan and NC Flex vendors.

**Address Change**

To complete the address change process with the University, the employee must complete the Request for Name/Address Change Form and submit to the Division of Human Resources – 1020 East Wendover Avenue, Suite 101.

*Student employees must complete the address change process through the Office of the Registrar located in the Dowdy Administration Building, First Floor.*

**IMPORTANT NOTE**

To change name/address for **Retirement benefits**, visit the designated carrier's website at:

**TSERS:**

- <http://orbit.mynretirement.com/orbit/Common/Pages/BPASLogin.aspx> and register for an ORBIT account.

**ORP:**

- The employee must contact the designated carrier to submit the name/address change.

**Please direct all inquires to the Division of Human Resources at 336-334-7862.**