

THE FOLLOWING FORM IS REQUIRED FOR ADDRESS AND/OR NAME CHANGE. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT A HUMAN RESOURCES REPRESENTATIVE AT 937-775-2120. THANK YOU.

PLEASE COMPLETE AND RETURN TO - HUMAN RESOURCES DEPARTMENT ~ 280 UNIVERSITY HALL

PART 1 – ADDRESS/NAME CHANGE – To Be Completed by Employee		
Employee Name	Social Security Number	
Employee's New Name (Complete for a name change only) (attach copy of social security card)	Reason for name change (attach legal documents if applicable)	
Street Address		
City	State	Zip Code
Municipality I live in <u>has</u> a city income tax (provide name of city)	Home Phone (with area code) ()	
Municipality I live in <u>has no</u> city income tax (provide name of township/city)	Work Phone (with area code) ()	
School District name which you now live in	Department Number	
PART 2 – EMERGENCY CONTACT INFORMATION – To Be Completed by Employee		
Contact Name	Relationship	Phone No. (with area code) ()
Street Address		
City	State	Zip Code
PART 3 – EMPLOYEE APPROVAL – To Be Completed by Employee		
I authorize the above changes to my personnel file.		
_____ Employee Signature		_____ Date

PLEASE NOTE: THIS FORM WILL CHANGE YOUR INFORMATION WITHIN HUMAN RESOURCES, PAYROLL, MEDICAL, DENTAL AND VISION. PLEASE CONTACT YOUR OHIO RETIREMENT SYSTEM OR ARP VENDOR DIRECTLY TO REQUEST AN ADDRESS/NAME CHANGE.

OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM 800-222-7377 WWW.OPERS.ORG
OHIO STATE TEACHERS RETIREMENT SYSTEM 888-227-7877 WWW.STRSOH.ORG

PART 3 – OFFICE USE ONLY		
Medical Insurance Notified: <input type="checkbox"/>	Delta Dental Notified: <input type="checkbox"/>	VSP Notified: <input type="checkbox"/>
HRMS Updated: <input type="checkbox"/>	Info-Linx/File Updated: <input type="checkbox"/> (Name change only)	Budget Notified: <input type="checkbox"/> (Name change only)
_____ Human Resources Signature		_____ Date
_____ Payroll Signature		_____ Date