



CHANGE OF ADDRESS, PHONE NUMBER, OR NAME

(Please print)

Name (if changing name, give current record name here): _____
(Last) (First) (Middle)

UIN: _____ - _____ - _____ **Effective date of the following changes:** _____

Check the box(es) below for any information you are updating:

New name (requires a copy of new Social Security card and the completion of a new Form I-9. Contact your unit/dept. for instructions.): _____
(Last) (First) (Middle)

Mailing address: _____

Residence address: _____

Phone number: _____

Signature: _____ Date: _____

Return form to: AgriLife Human Resources / Payroll
2147 TAMU
College Station, TX 77843-2147

For Human Resources / Payroll Use Only:

Name Changed in GreatJobs for applicable budgeted employees