



## CHANGE OF NAME / ADDRESS

*It is the responsibility of the employee to notify the Human Resources Department of Name and/or Address changes*

**Changes (please check one):**

**Name**                       **Address**                       **Both**

**NAME** \_\_\_\_\_ **BITECH #** \_\_\_\_\_ BiTech

**FORMER NAME** \_\_\_\_\_ B/B

**Bldg/Position** \_\_\_\_\_ **SS# xxx-xx-** \_\_\_\_\_ **(last 4 digits)** Sub Office

**NEW ADDRESS** \_\_\_\_\_ Benefits

**APT** \_\_\_\_\_ **CITY** \_\_\_\_\_ Pers File

**ZIP CODE** \_\_\_\_\_ **PHONE** \_\_\_\_\_ Data Proc

I certify that the above name/address change is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH REVISED SOCIAL SECURITY CARD AND RETURN ONLY ONE FORM TO HUMAN RESOURCES**