



**Employee  
Information Change Form**

<b>NAME:</b> (Please print)		<b>POSITION NO:</b> (For office use only)	
<b>BIRTHDATE:</b>	<b>LAST FOUR DIGITS OF SSN:</b>	<b>MU ID NUMBER:</b> (901XXXXXX)	

**NAME CHANGE INFORMATION**

**PLEASE NOTE:** A copy of your Social Security card is **required** if changing information regarding NAME and/or SOCIAL SECURITY NUMBER.

	PREVIOUS	NEW
<b>Last Name:</b>		
<b>First Name:</b>		
<b>Middle Name:</b>		
<b>Preferred First Name:</b>		
<b>Prefix:</b> (Dr., Mrs., Mr., Miss, etc.)		
<b>Suffix:</b> (Jr., Sr., III, etc.) (Does not mean degree or		

**SOCIAL SECURITY NUMBER CHANGE INFORMATION**

	PREVIOUS	NEW
<b>Social Security Number:</b>		
<b>MU ID Number:</b>		

**ADDRESS CHANGE INFORMATION**

Please mark all address change boxes that apply.

<input type="checkbox"/>	<b>PR – Permanent</b>	<input type="checkbox"/>	<b>WP – MU Employee Payroll Address</b>
<b>Address Line 1:</b>			
<b>Address Line 2:</b>			
<b>Address Line 3:</b>			
<b>City:</b>		<b>State:</b>	<b>ZIP:</b>
<b>County:</b>		<b>Nation:</b>	
<b>Telephone (home):</b>			
<b>Telephone (work):</b>			
<b>Telephone (campus):</b>			

**By signing below, I certify that the information provided is correct.**

<b>DATE:</b>		<b>EFFECTIVE DATE FOR CHANGES:</b>	
<b>ROUTING (For office use only)</b>	<b>Payroll</b>	<b>Human Resource Services</b>	

**SUBMIT COMPLETED FORMS TO PAYROLL 203 OLD MAIN, HR 207 OLD MAIN,**