



NAME/ADDRESS/PHONE CHANGE FORM  
Human Resources Department

Name:

Department:

Last

First

Employee Type:

☐ Faculty ☐ Adjunct Faculty ☐ Management ☐ Classified ☐ STNC ☐ Student Employee

**LEGAL NAME CHANGE**

Please come to Human Resources and provide your Social Security Card with your new name listed.  
A copy of your Social Security Card is required

Last

First

**PREFERRED NAME CHANGE**

This feature will change your display name on email and the SRJC Directory

Last

First

**ADDRESS CHANGE**

New Address:

Street Address

City

State

Zip

**EMAIL CHANGE**

New Email Address:

**PHONE CHANGE**

New Phone Number:

Employee ID Number:

Signature:

Date:

Human Resources Department Use Only

Date Entered:

Initials:

CC: Payroll (send SSC copy with name changes)

Benefits Specialist

Purchasing

Scheduling (Faculty only)

IT – Help Desk (name changes only)