

Community Living Alliance

Employee Address/Name Change

Current Employee Name: _____
Last Name, First Name, M.I.

Name Change To: _____
Last Name, First Name, M.I.

Effective Date: _____
MM/DD/YYYY

Bring Required Documents:
 ♦New social security card/order receipt OR
 new driver's license
 ♦New tax withholding forms

New Address: _____
Street Address Apt. #

_____ City, State Zip Code

New Phone #: _____ **New Cell Phone #:** _____

Effective Date: _____ **Email:** _____
MM/DD/YYYY

Old Address: _____
Street Address Apt. #

_____ City, State Zip Code

Old Phone #: _____ **Old Cell Phone #:** _____

Please make the above changes on my benefits and records.

Employee Signature: _____ **Date Signed:** _____

♦Please submit completed form to the CLA Receptionist.♦

Office Use Only

| RECEPTION: _____ ♦ Initial When Completed | FINANCE: _____ ♦ Initial When Completed | HR REP: _____ ♦ Initial When Completed | HR REP: _____ ♦ Initial When Completed | HR REP: _____ ♦ Initial When Completed ♦Email to IS Dept. |
|---|--|---|---|---|
| <p>Field Staff Only Copy:</p> <p><input type="checkbox"/> Travel</p> <p><input type="checkbox"/> Filemaker</p> <p><input type="checkbox"/> Collect new W4 and WT-4 tax withholding forms</p> <p><input type="checkbox"/> Copy document and attach.</p> | <p><input type="checkbox"/> HRIS System: Date rec'd. _____ Date entered _____ Time entered _____</p> <p>Name Changes Only:</p> <p><input type="checkbox"/> Tax Forms</p> <p>Date rec'd. _____ Date entered _____ Time entered _____</p> <p>Copies To:</p> <p><input type="checkbox"/> Fin. Disb. Admin.</p> <p><input type="checkbox"/> Facilities – for name plate change and/or business cards</p> | <p>Address and Name Changes:</p> <p><input type="checkbox"/> Medical</p> <p><input type="checkbox"/> Dental</p> <p><input type="checkbox"/> Vision</p> <p><input type="checkbox"/> Flex</p> <p><input type="checkbox"/> 403B</p> | <p>Name Changes Only:</p> <p><input type="checkbox"/> 403B Beneficiary</p> <p><input type="checkbox"/> Voluntary Life Beneficiary</p> <p><input type="checkbox"/> Verify</p> <p><input type="checkbox"/> Copy SS Card OR</p> <p><input type="checkbox"/> Copy Driver's License</p> <p><input type="checkbox"/> Copy Professional License</p> <p><input type="checkbox"/> Update Emergency Contact (Core)</p> <p><input type="checkbox"/> Update File Label</p> | <p>Name Changes Only:</p> <p><input type="checkbox"/> Email Address</p> <p><input type="checkbox"/> Phone Extension</p> <p><input type="checkbox"/> Intranet Bio</p> |