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CHANGE OF NAME, ADDRESS OR SOCIAL SECURITY NUMBER (SSN)

Employee's Type of Appoir	ntment:		Salaried		Wage		Graduate Assistant	
Change the Following:	🗌 N	ame		Address		🗌 E	mployee ID Number/ S	SSN

NOTE: This action will change only Personnel and Payroll Records (including health insurance and retirement records). Student records will NOT be changed.

Name: Last	(current or new)	(must be same as on Social Security card) _{First}	Middle Initial	Social Security Number: (current or previous)			
Previou Last	ıs Name:	First	Middle Initial	New Social Security Number: (only if changing)			
Mailing Address: (complete only if address is changing)			(List phone numbers only if changing)				
				Permanent) Phone:			
			Work Phone:				
I want r	my home addre	ss listed in the Virginia Tech Directory	y .	Yes 🔝 No 🔄			
I want my home phone number listed in the Virginia Tech Directory Yes No							

Instructions:

For Address Changes Entered by Department:

- The above changes may be entered directly into the BANNER system by employee's departmental representative (by accessing PWAEBIO screen).
- A copy of the completed form must be maintained by department for audit purposes.

For Name Changes and Social Security Number Changes Entered by Department:

- Social Security card must be provided to department representative before the change is made in order to enter the name and number **as it appears** on the Social Security card.
- A copy of the Social Security card must be provided to Human Resources along with a copy of this form in order to revise personnel files to reflect the change.
- I wish to use this form to change the address for my savings bonds. (Send a copy of this form with **original signature** to Human Resources.)