



HUMAN RESOURCE MANAGEMENT OFFICE

ADDRESS CHANGE

NAME CHANGE*

*(If you are changing your name, you will need to provide a copy of your **Social Security Card.**)

<p>_____</p> <p>Name Currently on File (Lname, Fname, Mi)</p> <p>_____</p> <p>New Name (Lname, Fname, Mi)</p> <p><i>* MUST be identical to name listed on <u>Social Security Card</u>. Copy of card must be attached.</i></p>	<p style="text-align: center;"><u>Type of Employee</u></p> <p>___ Academic (9 month)</p> <p>___ Academic (10 month)</p> <p>___ Salary/Academic (12 month / GA – paid monthly)</p> <p>___ Civil Service or Transient(paid bi-weekly)</p> <p>___ Student (paid bi-weekly)</p>
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LSU ID Number	Work Location	Effective date of change
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Please change my address and/or name on the following file(s)

[MARK ONLY THE ONES THAT APPLY TO YOU]

- Payroll Address (address appearing on pay check or direct deposit ticket)
- Permanent Home Address
- Savings Bonds
- Travel Checks
- Thrift Savings Plan Account (LCES Federal Appointments **only**)
- Tax Saver Flexible Benefits Plan (Health Care &/or Dependent Care Spending Account Only)
- All state medical/life insurances
- Retirement – LASERS, TRSL (If you have ORP or LDCP, you must contact those carriers directly.)
If you have any supplemental retirement accounts (403b or 457 account) you must contact those carriers directly.

New Address: _____ **New Phone Number (optional):** _____

Signature _____ **Date** _____

The **Payroll Address** is used for mailing the W-2 form after an employee terminates. It is especially important to provide a forwarding address at the time of separation.