

# LEE COLLEGE NAME/ADDRESS CHANGE FORM

**Important Note:** We are required to ensure that you are paid under the same name that is on file with the Social Security Administration. For name changes, you must bring your updated social security card to Human Resources.

**RETURN COMPLETED FORM TO THE HUMAN RESOURCES OFFICE:**

**Physical Address:** 909 Decker Drive, Room 105  
**Mailing Address:** P.O. Box 818, Baytown, TX 77522-0818

**Fax:** (281) 425-6568  
**Email Address:** hr@lee.edu

Full-Time     Part-Time     Student Assistant/Work Study     Retiree     Inactive Employee

## NAME CHANGE

EMPID or SSN:		Department/Division:	
New Name:		Effective Date of Change:	
Former Name:			
Is this a change in marital status? (For benefit eligibility information)		YES	NO
Employee Signature:		Date Signed:	

## ADDRESS/PHONE CHANGE

EMPID or SSN:		Department/Division:	
Name:		Effective Date of Change:	
New Mailing Address:			
City:		State:	Zip Code:
New Home Phone:		New Cell Phone:	
Former Mailing Address:			
City:		State:	Zip Code:
Former Home Phone:		Former Cell Phone:	
Employee Signature:		Date Signed:	

## HR USE ONLY

Personnel file		Name Change: Copied SS Card	
Update in PS		Name Change: New W-4 (if changing withholdings)	Name Change: F-T emp. - Service Log, Contract List
Update in ERS		Name Change: Notify Dept. ____, Mailroom ____,	Name Change: Beneficiary Change (Life/Retirement)
Payroll		IT ____, Admissions ____, A/P ____, Purchasing ____	Retirement Vendors; TRS Address Form