Rensselaer

employer of choice

Name/Address Change Form

PLEASE PRINT

Utilize this form to notify the Division of Human Resources about changes to your permanent home address, your phone number, or your name. This form will be used to update your records in Banner and in the Faculty/Staff Directory. You will need to notify benefit carriers of these changes for the plans in which you have chosen to participate.

Please fill out this form completely and return to:

Human Resources
21 Union Street, 2nd Floor
Troy, New York 12180
Fax (518) 276-6370

☐ Employee Social Security Number_____ - _____ - _____

☐ Retiree Employee RIN:_____

Former Information:

_____ _____ _____
Last Name First Name Middle Initial

_____ _____ _____
Street Address City and State Zip Code

_____
Telephone Number

New Information:

_____ _____ _____
Last Name First Name Middle Initial

_____ _____ _____
Street Address City and State Zip Code

_____
Telephone Number

_____ _____
Signature Effective Date of Change

For HR Use Only: _____Banner _____Benefits _____Retirement ————File**

**If confidential payroll give to Anne Bilynsky.