



Employee Name Change Form

Current Name:

800 #:

New Name:

Must provide: **SS Card**

Social Security Card must have be issued in new name.

Document accepted: **Yes** **No**

If no, further documentation needed:

Signature	Date
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Please send completed form to:	OR you can mail completed form to:	OR fax to:
Human Resources	SUNY Delhi	607-746-4158
Attention: Payroll	454 Delhi Drive	Attention: Payroll
Bush Hall	C/o Human Resources Department	
Delhi, NY 13753		

HR Use Only:

- _____ Banner / Notify CIS/Footprints Ticket (If applicable)
- _____ SUNY HR
- _____ NYBEAS
- _____ NYSTEP
- _____ PayServ & PayServ Tax Panels
- _____ Out of State Tax panel - PayServ (if applicable)
- _____ Label on Folder (if applicable)
- _____ E-mail employee/retiree retirement & union address change forms