

Employee Name/Address Form

Name Change

Old Name: _____

New name: _____

Address Change

New Address: _____

Print form and mail to:

Southern Arkansas University

Human Resources

P. O. Box 9288

Magnolia, AR

71754 - 9416

First Name: _____

Last name: _____

Social Security #: _____

Phone: _____

* Name will not be changed on the payroll system unless a new social security card reflecting the new name is attached.

