

**Change of Name (Please bring original Social Security Card to HR)**

Current Name: \_\_\_\_\_

New Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: XXX-XX-\_\_\_\_

**Change of Address**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: XXX-XX-\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

Parish: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

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For HR use Only:

☐ Payroll Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Office of Group Benefits Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Retirement Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

☐ TRSL

☐ LASERS

☐ ORP