

OFFICE OF PAYROLL  
WALDSCHMIDT 110, MSC 164  
5000 North Willamette Boulevard  
Portland, Oregon 97203-5798  
P (503) 943-7338  
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# ADDRESS or NAME CHANGE FORM

*FACULTY & STAFF ONLY – STUDENTS MUST SEE REGISTRARS OFFICE*

Name (please print): \_\_\_\_\_

Employee ID: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

New Name: \_\_\_\_\_  
(Social Security card with new name required)

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

New City, State, Zip: \_\_\_\_\_

New Phone Number (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_

*In order for change to take effect for pay day,  
form must be received 10 days prior.*

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Payroll use only:

Date received: \_\_\_\_\_

Date updated: \_\_\_\_\_

Changed by: \_\_\_\_\_ (initial)

Social Security Card Verified: \_\_\_\_\_ (initial)