**FOR EFFECTIVE LEGIBILITY, PLEASE PRINT OR ELECTRONICALLY COMPLETE THIS DOCUMENT.**

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| **PROCESSING INSTRUCTIONS** |
| In order to ensure ‘full’ activation of the content of this form by the Human Resources Department the following procedures must be executed:1. Please review and ensure you have completed all relevant document fields.
2. Submit the original form to the NCCU Human Resources Department, and the specified supporting documentation, if required for name change.
3. It is highly recommended that you retain a copy of this document as your proof of submission for this change.
4. An acknowledgement of receipt will be forwarded to you by Human Resources via the NCCU email address provided below.
5. For guidance or assistance regarding this form, please contact Keesha Brooks (919) 530-6253 (kbrook31@nccu.edu).

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|  [ ]  NEW [ ]  CHANGE ADDRESS/TELEPHONE [ ]  ADD/CHANGE EMERGENCY CONTACT  |
|  |
| **EMPLOYEE DATA** |
| PERSONAL INFORMATION (This section must be completed.)  |
| EMPLOYEE BANNER ID # (REQUIRED) | EMPLOYEE NAME | LAST 4 DIGITS OF SS# |
|       |       |       |
| HOME TELEPHONE NUMBER | CELL PHONE NUMBER | PERSONAL E-MAIL ADDRESS |
|       |       |       |

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| **MAILING ADDRESS**  |
| STREET ADDRESS | SUITE/APT. # | EFFECTIVE DATE OF NEW ADDRESS |
|       |       |       |
| CITY | STATE (OR COUNTRY) | COUNTY | ZIP CODE |
|       |       |       |       |
|  |
| **EMERGENCY CONTACT** **DATA** | Must be updated by the employee in Banner Self-Service. 1) Login into myEOL 2) Click the Banner SSB Button 3) Click the ‘Personal Information’ line 4) Click on ‘View Emergency Contacts’ 5) Click on ‘Update Emergency Contacts’ |
| NAME (LAST, FIRST, MIDDLE) |
|       |
| RELATIONSHIP TO EMPLOYEE | PHONE NUMBER |
|       |       |

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| **CHANGE OF NAME**  (A copy of the employee’s ‘new’ social security card establishing the legal name change **must** accompany this form.) |
| NAME CURRENTLY ON FILE WITH HUMAN RESOURCES/PAYROLL |
|       |
| PLEASE CHANGE MY NAME TO: |
|       |

|  |  |  |
| --- | --- | --- |
|  |  |       |
| **SIGNATURE** (Required): |  | **DATE** (Required): |
|  |
| **FOR OFFICE USE ONLY:****[ ]  BANNER** **[ ]  BENEFITS** **[ ]  OTHER INSURANCE** **[ ]  OTHER [ ]  PMIS****[ ]  ITS [ ]  I-9**  |