



HUMAN RESOURCES DEPARTMENT

**ADDRESS or NAME
CHANGE NOTIFICATION FORM**

(Can be used for Pacific employees and students)

Name (please print): _____

Effective Date Of Change: _____

New Name: _____
(need original social security card with new name)

New Street Address: _____

New City, State, Zip: _____

New Phone Number (if applicable): _____

Signature: _____

*Must be received 10 days prior to pay day,
in order for change to take effect for that pay day.*

Human Resource Use only:

Date received: _____

ADP: _____

Date updated: _____

Datatel: _____

Change by: _____ (initials only)

Human Resources, 2043 College Way, Forest Grove, OR 97116, (503) 352-2210, (503) 352-3046 FAX