

# EMPLOYEE CHANGE REQUEST FORM

Employee Address Change ♦ Employee Tax Withholding Change ♦ Employee Name Change

ENTITY: \_\_\_\_\_ Parish  School  Other

EMPLOYER ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
First Middle Last

**CHANGE TO CURRENT TAX EXEMPTIONS/WITHHOLDING STATUS**

*Attach current W-4 (Federal) and IT-2104 (NY State) Tax Forms*

*\*Federal and NY State Forms are required for change to either your Federal or State Tax Exemptions/Withholding Status -No Exceptions!*

**NAME CHANGE:** \_\_\_\_\_  
First Middle Last

*\*An updated SSN Card must be attached to reflect name change with Social Security Administration. Your old name will remain in the employer's payroll system until an updated SSN Card is on file with the Office of Human Resources/Payroll Office.*

**ADDRESS CHANGE:**

**\*Complete and attach current W-4 (Federal) and IT-2104 (NY State) Tax Exemption/Withholding Forms.**

**\*No Exceptions!**

- 1. Change in status from nonresident of Nassau & Suffolk Counties to resident of New York City, Yonkers, other New York State Counties and states outside of New York State.*
- 2. Change in status from nonresident of New York City, Yonkers, Other New York State Counties and States outside of New York State to resident of Nassau and Suffolk Counties.*

Previous address: \_\_\_\_\_  
Street Apt. #

City State Zip code

New address: \_\_\_\_\_  
Street Apt. #

City State Zip code

Do you want HR to notify IT of your name change for email addresses purposes only? Yes  No

**TELEPHONE NUMBER CHANGE:**

Previous Telephone #: \_\_\_\_\_ New Telephone #: \_\_\_\_\_

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

Please return this form and the attachments to  
Human Resources/Personnel Office