

101 Vera King Farris Drive | Galloway NJ 08205-9441
stockton.edu

Notification of Employee Address/Name Change

(if employee has ABP, DCRP, or SACT then a [State name change form](#) must also be submitted)

Employee Name: _____

(Must be identical to your name as it appears on your Social Security Card)

Social Security #: _____

Z#: _____

Former Name: _____

New Address:

Telephone #: _____

Employee Signature: _____

Date: _____

This form should be submitted to HRIS@stockton.edu

For Office of Human Resources Use Only

____ BANNER

____ Benefits

____ Original – employee file