



EMPLOYEE ADDRESS/NAME CHANGE FORM

Please complete this form & email to payrollchanges@totalhrmgmt.com or fax to **(818) 658-2564**

EMPLOYEE INFORMATION

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Client/Company: _____

New Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Alternate Phone:** _____

Email Address: _____

New Name Change: _____

EMPLOYEE MUST SHOW PROOF OF NAME CHANGE IN FORM OF MARRIAGE LICENSE, DRIVER'S LICENSE, COURT PAPERS, OR APPLICABLE PAPERWORK.

Employee Signature: _____ **Date:** _____