



Name and/or Address Change Form

TO: Jackson Community College
Human Resources
2111 Emmons Road
Jackson, MI 49201

From: _____ (Employee Name)
Please Print

CHANGE OF NAME AND/OR ADDRESS

Active Employee

Retired Employee

OLD NAME: _____
Last First MI

NEW NAME: _____
Last First MI

NEW ADDRESS: _____
Street Apt.

City State Zip

PHONE NUMBER: () - _____

Employee/Retiree Signature

Human Resources Signatures

Date

Date