Quinebaug Valley Community College Employee Name and/or Address Change Form

Employee Name:		
Banner ID #:	En	nployee ID #:
Old Name:		
New Name:	Efi	fective Date:
(Plea		as Marriage License for verification)
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Old Address:	Old Telephone Number:	
Street/P.O. Box #:		
City/Town:		Zip Code:
New Address: New Telephone Number:		
Street/P.O. Box #:		1. WIN S 1110
City/Town:	State:	Zip Code:
		Routing:
(Employee Signature)		Human Resources
		Banner: Christine Mailhot

^{*} You will have to fill out new W-4 forms and Retirement forms (if applicable).*