

UNIVERSITY OF KENTUCKY HR Temporary Employment

- ADDRESS CHANGE
 NAME CHANGE

SOCIAL SECURITY NUMBER (Last 4 Digits): _____

PERSON ID NUMBER: _____

PRESENT NAME: _____

PREVIOUS NAME: _____
(if name has changed)

NEW ADDRESS (Please type or print)

Home Street Address (street name/apt. # or P.O. Box)

City

State

Zip

Phone Number (including area code)

Employee Signature

Date

For Department Use
Only

Dept.# _____

Date Entered in SAP

Entered by

**Instructions: Fill out all relevant fields and deliver this form (bring a picture ID) to: HR
Temporary Employment, B-175 Southcreek Park, 2365 Harrodsburg Road.**