



Address or Name Change Form

Employee/College ID #: _____

Effective Date of Change: _____

First Name: _____

MI: _____

Last Name: _____

New Address

Old Address

Street: _____
 Apt/Bldg: _____
 City: _____
 State: _____ Zip Code: _____ - _____
 County: _____
 Phone #: () - _____

Street: _____
 Apt/Bldg: _____
 City: _____
 State: _____ Zip Code: _____ - _____
 County: _____
 Phone #: () - _____

For Name Change Only**

New Name: _____
 Reason for Change: _____
 Documentation Provided: _____

***Processing a name change will affect the way you log into Ellucian (Colleague), Blackboard, WebAdvisor, your computer, etc. Any emails sent to your old e-mail address will automatically be forwarded to your new email address. If you do not wish to receive emails sent to your old email address, you will need to contact the Help Desk at 973-328-5600.*

Things You Must Do (if applicable):

- *Health Benefits - log into Benefitsolver:
<http://mynjbenefitshub.nj.gov>
- *Update/Change Beneficiaries
- *Notify Flexible Spending Carrier
- *Emergency Contact Information
- *Notify Pension Vendor
- *Update Direct Deposit Information with Payroll
- *Notify Post Office and Personal Bank
- *Notify Academic Affairs if you teach classes
- *Notify Payroll of ANY state address change,
 i.e.:state withholding

Human Resources Will Notify:

- *Delta Dental
- *Payroll
- *Information Systems

Please Send To:

Human Resources Department
 County College of Morris
 214 Center Grove Road
 Randolph, New Jersey 07869
 Fax #: (973) 328-5067

Employee Signature: _____

Date: _____