

Millsaps College

Payroll Services Personnel Change Form

() Change of Address

() Change of Name

Legal documentation must be provided.

ADDRESS CHANGE:

SSN: _____ Name: _____
Last First Middle

FORMER Information

Permanent Address: _____
Street

Permanent Telephone: _____
City State Zip code
()

NEW Information

Permanent Address: _____
Street

Permanent Telephone: _____
City State Zip code
()

NAME CHANGE:

 You must attach legal documentation referencing this name change.

SSN: _____

FORMER Name: _____
Birth Info: Last First Middle

NEW Name: _____
Last First Middle

REQUIRED:

Signature _____ Date _____

Payroll and Employee Services
Box 150433
Jackson, MS 39210
601-974-1127

***** Office Confirmation Only *****

Human Resources: _____

Business Office: _____