



# LaGUARDIA COMMUNITY COLLEGE

31-10 Thomson Avenue - Long Island City, NY 11101- Telephone (718) 482-7200

## CHANGE OF NAME AND/OR ADDRESS

Instructional Staff

Administrative Staff

None-Instructional Staff

Title \_\_\_\_\_ Last 4 SSN# \_\_\_\_\_

### OLD Name and/or Address

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### NEW Name and/or Address

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Wageworks/Transit

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Changes to Benefits include Health Plan and PSC only. Please contact Pension, Welfare Fund and any additional supplemental plan directly to update your records.

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**TO BE COMPLETED BY PERSONNEL**

Fringe Benefits

Information Technology

Payroll

Address List

Academic Affairs

File

Documentation Provided \_\_\_\_\_

Initials \_\_\_\_\_ Date \_\_\_\_\_