



LaGuardia Community College

CHANGE OF NAME AND/OR ADDRESS

INSTRUCTIONAL STAFF

ADMINISTRATIVE STAFF

NON-INSTRUCTIONAL STAFF

TITLE _____

Last 4 digits Soc.Sec.# _____

OLD
NAME _____

NEW
NAME _____

ADDRESS _____

ADDRESS _____

PHONE NUMBER _____

PHONE NUMBER _____

WAGeworks / TRANSIT

* Changes to Benefits includes: Health Plan & PSC only. Contact Pension, Welfare Fund & any additional supplemental plan directly to update.

Signature

DATE _____

TO BE COMPLETED BY PERSONNEL

FRINGE BENEFITS PAYROLL ADDRESS LIST INFORMATION TECHNOLOGY FILE ACADEMIC AFFAIRS

Documentation provided:

INITIAL _____

DATE _____