



Our Future, Our Commitment, Our Students

PART TIME EMPLOYEE CHANGE REQUEST
FAX THE FORM TO

To: Patty Murray, Benefit Assistant From: _____

Fax: 919-496-3341 Date: _____

Phone: 919-496-2600 Pages: _____

Re: **Check the change you are requesting**

Name Change : _____

Address Change: _____

- I have checked the item below and request the following:

_____ Name Change I understand that this request can only be made with a copy of the new social security card which is signed and attached.

_____ Address Change My permanent address has changed to the following: _____
