WCU Address / Name Change Form

Mail to: Human Resources
201 Carter Drive Ste. 100
West Chester, PA 19383
Fax: 610-436-3464

☐ **Active Employee** ☐ **Camp Employee** ☐ **Student** ☐ **Retiree** ☐ **Separated Employee**

Type of Change: Address: ☐ **Name*:** ☐ **Both:** ☐ **Effective Date:** _____

***For name changes, please attach a copy of new Social Security Card**

Title: Ms. ☐ Mr. ☐ Dr. ☐ Mrs. ☐ SAP#: _____

Last Name: _____

First Name: _____

Middle Initial: _____ Suffix: _____

Signature: _____

Home Address Information:

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Township: _____

Phone Number: _____

Campus Address Information:

Job Title: _____ Department: _____

Building: _____ Room#: _____

Campus Phone Number: _____ Campus Email Address: _____

Benefit Information: If you have benefits, check which group you are presently under.

☐ **PEBTF (Pennsylvania Benefits Trust Fund)**
(AFSCME, SCUPA)

☐ **PASSHE (PA State System of Higher Education)**
(APSCUF, SPFPA, Mgr. Coaches, Nurses)

Do you have any savings bonds? Yes: ☐ **No:** ☐

Office Use Only:

SAP: **PeopleSoft:** **Benefits: (PEBTF Only)**