



# UNIVERSAL NAME/ADDRESS CHANGE FORM

**Employee Name:**

\_\_\_\_\_

First Middle Last Suffix

**Last 4 of SSN:** - - \_\_\_\_\_

**Home Number:** - - \_\_\_\_\_ **Cell Number:** - - \_\_\_\_\_

**Type of Change:** \_\_\_ **Name** \_\_\_ **Address**

*Retirement Systems will require additional documentation for name change*

**Previous Name:**

\_\_\_\_\_

First Middle Last Suffix

**Name Change Request to:**

\_\_\_\_\_

Middle Last Suffix

**Previous Address:**

**New Address:**

\_\_\_\_\_

Street

\_\_\_\_\_

Street

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

City State Zip Code

\_\_\_\_\_

**Employee Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Effective Date**

**\*\*Note: Save form after completing to save changes\*\***

*Click Submit to email form to OHR Payroll  
[OHRPayroll@SCDPS.GOV](mailto:OHRPayroll@SCDPS.GOV)*

**Next Steps:**

Update your name, address, and fill out any additional documentation that is required in the following

- **MySCCentral**
- **PEBA**
- **My Benefits**
- **Member Access**