

EMPLOYEE NAME OR ADDRESS CHANGE REQUEST

**Note: If you are requesting a name change, the District cannot change your name on any District documents (i.e. paychecks, insurance) without a copy of your new social security card. You may obtain a Form ss-5 (Application for a Social Security Card) by visiting the Social Security Administration web site at www.ssa.gov. You may also visit the local Social Security Administration office. Please consult your local phone book to find the location closet to you.*

EMPLOYEE NAME: _____

NEW NAME (If Applicable): _____

NEW ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

EFFECTIVE DATE OF CHANGE: _____

POSITION: _____

LOCATION: _____

EMPLOYEE SIGNATURE: _____

For Office Use Only:

Personnel _____ Benefits _____ Payroll _____ AP _____

Copies of name/number changes to: HR Union President E-School Technology School Messenger