



ADDRESS / NAME CHANGE FORM

NAME CHANGE	CLASSIFIED
ADDRESS CHANGE	CERTIFICATED

DATE _____ WORK SITE _____

FULL NAME _____

PREVIOUS NAME _____

CURRENT OR NEW ADDRESS:

CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

EMPLOYEE ID NUMBER

OR LAST 4 OF SSN _____

SIGNATURE _____

Please Return to HRD.

Fax: 559-735-8020

Phone: 559-730-7300