



## EMPLOYEE CHANGE OF NAME/ADDRESS FORM

Please type or print in ink the following information you wish to have changed. Please note for a NAME CHANGE, in addition to this form official documentation must be provided. This form will notify the following areas:

Payroll  
Human Resources  
Benefits  
K-12 Alerts  
Technology

### Effective Date of Change

\_\_\_ / \_\_\_ / \_\_\_\_\_

First Name

MI

Last Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

Home Telephone Number

( \_\_\_\_\_ ) \_\_\_\_\_

Signature

Date

\_\_\_\_\_ / \_\_\_ / \_\_\_\_\_