Change of Name and/or Address Form

Please Print or Type All Information

Administrative ☐ Certified ☐ Classified ☐ Substitute ☐ Coach ☐

Employee: _____ _____ _____
Last Name **First Name** **MI**

Last 4 of SSN: XXX-XX-_____ **Employee ID #: E 0 0 0** _____

Current Location: _____ **Effective Date of Change:** _____

Name Change:

Former Name: _____ _____ _____
Last Name First Name MI

New Name: _____ _____ _____
Last Name First Name MI

** LEGAL DOCUMENTATION MUST BE PROVIDED FOR A NAME CHANGE*

Address/Phone Change:

Previous Address: _____ _____
Street Apt.

_____ _____ _____ _____
City State ZIP Phone #

New Address: _____ _____
(mailing) Street Apt.

_____ _____ _____ _____
City State ZIP Phone #

New Address: _____ _____
*(physical)**REQUIRED*** Street Apt.
if different from mailing address

_____ _____ _____
City State ZIP

Return form to the Human Resources Department
425 East Ninth Street, P.O. Box 30425
Reno, NV 89520-3425

Signature: _____ Date: _____

Human Resources: Changed by: _____ Date: _____
Route: Payroll _____ Business _____ Benefits _____ Position Control _____