

CHANGE OF NAME OR ADDRESS REQUEST
PLEASE COMPLETE AND RETURN TO THE HUMAN RESOURCES DEPARTMENT

EMPLOYEE ID # _____

EFFECTIVE DATE _____

VERIFICATION SOURCE _____

CURRENT NAME _____

NEW NAME (if applicable) _____

NOTE: Name change must include legal documentation of change.

NEW MAILING ADDRESS _____

NEW MAILING CITY, ST, ZIP _____

NEW PHYSICAL ADDRESS _____

NEW PHYSICAL CITY, ST, ZIP _____

NEW HOME PHONE _____

NEW CELL PHONE _____

***** TO BE COMPLETED BY THE DISTRICT OFFICE *****

Account Analyst _____ QCC _____

Account Technician _____ QCC _____

Human Resources _____ SIS _____

Medical Benefits _____

Dental / Vision Benefits _____

Life Insurance _____

****Please initial when changes are complete and return form to Human Resources**