

**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