

**CHANGES TO:
NAME / ADDRESS / PHONE**

DATE: _____

NAME: Last: _____ First: _____ Middle: _____

Social Security #: XXX--XX-- _____

Work Location # _____ School/Department _____

EMPLOYEE: Licensed Classified Current Former Retired

MAKE CHANGES TO THE FOLLOWING:

NEW NAME: (As shown on your new social security card – must have new card or receipt)

Last: _____ First: _____ Middle: _____

NEW ADDRESS: _____

City _____ State _____ Zip _____

NEW PHONE NUMBER (_____) _____

For **NAME CHANGE ONLY**, You must complete each of the following:

<p>____ Name Change Form</p> <p>____ Social Security Card or Receipt from Social Security Office</p> <p>____ W-4 Form</p> <p>____ Retirement Change Form (If eligible)</p> <p>____ Direct Deposit Change (Only if account number has changed)</p> <p>____ Insurance Enrollment Form (see Insurance Department)</p>
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Note: This form must be in the Human Resources Department on or before the **TENTH DAY** of the month in order for it to be processed for that month's payroll.