



ADDRESS/ NAME CHANGE FORM

PART-TIME EMPLOYEE OR ADULT PROBATION / ELECTIONS'
TEMP/POLLWORKERS

DEPARTMENT NAME: _____

___ CHANGE OF NAME ___ CHANGE OF ADDRESS

EMPLOYEE'S NAME: _____

EMPLOYEE ID: _____ SOCIAL SECURITY #: _____-_____-_____

CHANGE OF ADDRESS

OLD ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

NEW ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CHANGE OF NAME

PLEASE NOTE: YOU MUST PROVIDE A COPY OF YOUR SOCIAL SECURITY CARD.

PREVIOUS NAME: _____

NEW NAME: _____

EMPLOYEE'S SIGNATURE: _____ DATE: _____

(FORWARD ORIGINAL TO PAYROLL DEPT. AND KEEP COPY IN PERSONNEL FILE)