



DEPARTMENT OF HUMAN RESOURCES
CHANGE OF NAME, ADDRESS AND/OR TELEPHONE NUMBER

CURRENT EMPLOYEE NAME: _____

TITLE: _____

SOCIAL SECURITY NUMBER: _____

NEW NAME:

NEW NAME: _____
LAST FIRST INITIAL

PLEASE NOTE: This form will not be processed for a name change until the Dept. Of Human Resources receives a copy of your new Social Security card. The Social Security Administration requires that you provide us with a copy of your social security card which bears your new name. You are required to complete withholding tax forms in your new name. Also, it is your responsibility to effect this change with the New York State Retirement System.

ADDRESS CHANGE:

NEW HOME ADDRESS: _____
Number and Street
City, State, Zip Code

TELEPHONE NUMBER CHANGE:

NEW HOME PHONE NUMBER: _____

NEW CELL PHONE NUMBER: _____

Effective Date of Change _____

Employee Signature: _____ Date: _____

Return completed form to the Department of Human Resources