



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

CURRENT EMPLOYEE NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

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**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:**

PREVIOUS HOME ADDRESS: \_\_\_\_\_

Number and Street

\_\_\_\_\_  
City, State, Zip Code

NEW HOME ADDRESS: \_\_\_\_\_

Number and Street

\_\_\_\_\_  
City, State, Zip Code

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**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



Department of Human Resources

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