



ADDRESS/NAME CHANGE FORM

Date: _____ SSN: XXX-XX-_____

Name: _____
Last First MI

Work Location: _____

Position Title: _____

Classified Certificated

Change of Address Record

New Address: _____
Street address

_____ Phone No: _____
City, Zip

Change of Name Record

Former Name: _____

ALL employees - A copy of your social security card with the new name must be presented with this form (Driver's License not accepted).

Credentialed employees – You must use the name that appears on your credential unless an official name change has been completed with the Commission on Teaching Credentialing CTC or Sacramento County Office of Education. ALL documents, payroll, personnel records, STRS records, school rosters and registers must carry the legal name until you have completed a name change.

Human Resources Use Only

- | | |
|--|--|
| <input type="checkbox"/> Updated QSS | <input type="checkbox"/> Copy to IT (name/phone changes only) |
| <input type="checkbox"/> Updated Benefit Vendors | <input type="checkbox"/> Copy to Substitute Services (credentialed only for subfinder) |

Date: _____ Initials: _____