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

CURRENT EMPLOYEE NAME: _____

TITLE: _____

SOCIAL SECURITY NUMBER: _____

NEW NAME:

NEW NAME: _____
LAST FIRST INITIAL

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:

HOME ADDRESS: _____
Number and Street

_____
City State Zip Code

1(: +20($''5(66 BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB
Number and Street

BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB
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

Department of Human Resources
71 Clinton Road, P.O. Box 9195, Garden City, NY 11530-9195 (516) 396-2337 Fax: (516) 997-2051 www.nassauboces.org/hr