



ADDRESS / NAME CHANGE FORM

Today's Date: _____

Effective Date of Change:

Name as it Currently Appears on City Documents:
New Name as it should appear from effective date: (Please provide a copy of new social security card)

JDE Address Book Number

Social Security Number (required)

New Home Address				
Street Address	City	State	Zip Code	Phone Number

Name of Emergency Contact				
Emergency Contact Address				
Street Address	City	State	Zip Code	Phone Number

SIGNATURE

For HR Use Only

Date Submitted

WorkTerra	_____
CalPERS	_____
JDEdwards	_____
Information Services (For name changes only)	_____
RM, Payroll, A/P, A/R	_____
Retiree	_____

EMPLOYEE:

- Original to Human Resources**
- Copy to the Administrative Assistant in your department**
- Police Department – copy to Police Personnel**

Social Security # Required