



HARTNELL COLLEGE

# ADDRESS / NAME CHANGE FORM

Human Resources & Equal Employment Opportunity

Phone Number: \_\_\_\_\_

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

\*DATATEL # or SSN: \_\_\_\_\_

*\*found on your employee attendance timesheet*

|                       |                   |                       |                |              |  |
|-----------------------|-------------------|-----------------------|----------------|--------------|--|
| Employee Class/Group: | Part Time Adjunct | Short-Term Substitute | Student Worker | Prof. Expert | Regular Employee** (Classified/Academic) |
|-----------------------|-------------------|-----------------------|----------------|--------------|--|

## ADDRESS CHANGE (ALL information is required):

NEW Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number (#'s only, i.e., 8317556940): \_\_\_\_\_

Effective Date of Address Change: \_\_\_\_\_

## NAME CHANGE (requires a copy of your new social security card reflecting the change):

PREVIOUS NAME:

NEW NAME:

Last Name \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name/Initial \_\_\_\_\_

Middle Name/Initial \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

|   |            |               |
|---|------------|---------------|
| <b>HR USE ONLY</b>                          | AXS        | MCOE          |
|   | DTL        | PERS/STRS     |
|   | Health Ins | *P File       |
| *MCOE form & E-Notif to HR Director and CIS |            | *Name changes |

\*\*For Regular employees covered by District health benefits, this form will enforce a change of address with the health care carriers.