



ADDRESS CHANGE  
NAME CHANGE

Date: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

New Address: \_\_\_\_\_  
Street address

\_\_\_\_\_ Phone No: \_\_\_\_\_  
City, Zip

Work Location: \_\_\_\_\_

Position Title:

- Classified       Certificated-Elementary       Certificated-Secondary

Change of Name Record

Former Name: \_\_\_\_\_

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

**Credentialed employees** - must use the name that appears on their credential unless an official name change has been done, with the Commission on Teaching Credentialing CCTC 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 done a name change.

<b>District Use Only</b>			
<b><u>HUMAN RESOURCES:</u></b>		<b><u>PAYROLL:</u></b>	
QSS <input type="checkbox"/>	SubFinder <input type="checkbox"/>	AERIES <input type="checkbox"/>	Aces <input type="checkbox"/>
Benefits <input type="checkbox"/>			
Date: _____	Initials: _____	Date: _____	Initials: _____

cc: Personnel File  
Substitute Services  
Site Secretary  
Technology Services (Name/phone change only)