

Belen Consolidated Schools

Employee Change of Name/Address Form
Please Print

MUST BE RETURNED TO THE DISTRICT HR OFFICE

EMPLOYEE NAME: _____

If name change, previous name: _____

- SS Card w/new name*
- Marriage License / Divorce Decree*
- W-4*

Previous Address: _____

City, State, Zip: _____

New Address: _____

City, State, Zip: _____

Previous Mailing Address: _____

New Mailing Address: _____

City, State, Zip: _____

**(Only fill out if address and mailing address are different.)*

Previous Telephone #: _____

New Telephone #: _____

Any other changes: _____

Effective date of change: _____

Signature

Date

FOR OFFICE USE ONLY

- White** **Human Resources**
- Yellow** **Insurance Dept**
- Pink** **Payroll Dept**