



Change of Name and/or Address Form

Please Print or Type All Information

Administrative <input type="checkbox"/>	Certified <input type="checkbox"/>	Classified <input type="checkbox"/>	Substitute <input type="checkbox"/>	Coach <input type="checkbox"/>
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Employee: _____
Last Name
First Name
MI

Last 4 of SSN: XXX-XX-_____ **Employee ID #:** E 0 0 0 _____

Current Location: _____ **Effective Date of Change:** _____

Name Change:

Former Name: _____
Last Name
First Name
MI

New Name: _____
Last Name
First Name
MI

** LEGAL DOCUMENTATION MUST BE PROVIDED FOR A NAME CHANGE*

Address/Phone Change:

Previous Address: _____
Street
Apt.

City

State

ZIP

Phone #

New Address:
(mailing)

Street

Apt.

City

State

ZIP

Phone #

New Address:
(physical) REQUIRED
if different from mailing address

Street

Apt.

City

State

ZIP

**Return form to the Human Resources Department
 425 East Ninth Street, P.O. Box 30425
 Reno, NV 89520-3425**

Signature: _____ **Date:** _____

Human Resources: _____ **Changed by:** _____ **Date:** _____
 Route: Payroll _____ Business _____ Risk Management _____ Position Control _____