



HUMAN RESOURCE SERVICES
1515 Hughes Way, Long Beach, California 90810
(562) 997-8204 ❖ Fax (562) 997-8298

Notice of Address/Name Change

Important: After completing this form, give the pink copy to your payroll clerk and forward the original to HRS. Form must be legible.

Current Information:

Name: _____

Employee number or Social Security number: _____

Job Site: _____

Title: _____

• **New Address / Telephone** (Please complete all fields)

Address: _____

City, State, Zip Code: _____

Telephone number: () _____

Cell phone number: () _____

E-mail address: _____

• **Name Change** (Requires a revised social security card and a valid government issued photo ID to establish identity)

New Name: _____

Effective date: _____

Note: If your beneficiary has changed as a result of the name change, please complete a new **Beneficiary Information** form. If you have direct deposit, make sure that your name is the same as on your bank account.

I hereby certify that the above information is correct. I agree to notify Long Beach Unified School District of subsequent changes of name and address.

Signature _____ Date _____

Online Date _____
Initials _____

Revised 4/2017