



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

Notice of Address / Name Change

Important: Complete this form in triplicate. Retain the employee copy, give the second copy to your payroll clerk, send the original to the Administration Building, HRS. Form must be legible.

Current Information:

Name: _____

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 certified proof of name change, i.e. marriage license/ court documents and your revised social security card).

New Name: _____

Effective date: _____

Note: If your beneficiary has changed as a result of the name change, 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/or address.

Signature _____ **Date** _____