

**DATA CHANGE FORM**

Name Change Documents Required:

-Social Security Card Attached

Birthdate Change/Correction Documents Required:

-Birth Certificate Attached

Address Change Documents Required:

-Driver's License, DMV printout or a Utility Bill Attached

Gender Change Documents Required:

-Driver's License Attached

EFFECTIVE DATE: \_\_\_\_\_

SS#: \_\_\_\_\_

NAME: \_\_\_\_\_

NEW NAME: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_

-Which Number is your preferred?

\_\_\_ Home or \_\_\_ Cell

PERSONAL EMAIL: \_\_\_\_\_

OTHER: \_\_\_\_\_

**My Signature authorizes these changes:**

E / S

KARDEX  
PAYROLL  
UNION (REA/CSEA/CWA)


SUB-CALLER SYSTEM  
FILE  
Date changes were completed

rlw(revised 8/2016)

White copy - Personnel

Yellow copy - Union

Pink copy - Payroll

**- - - NOTE: Please submit two (2) SIGNED originals to the Personnel Department- - -  
- - - Along with the necessary documentation - - -**