

# SHORELINE COMMUNITY COLLEGE

## Employee Address & Name Change Form

### ACTION REQUESTED

### EMPLOYEE TYPE

**Effective Date:**

- Information Update
- Name Change: Attach SSN card  
& Picture ID
- New Employee

- Admin/Exempt
- Classified
- Faculty, Full Time
- Faculty, Part Time
- Student/Hourly

### EMPLOYEE DATA

Name*:	Prior Name <i>(if applicable):</i>
<b>Emergency Contact</b> Name:	<b>Emergency</b> Contact #
Home Phone #:	Campus Dept:
Home Email:	Campus Email:

*\*EMPLOYEE NAME MUST MATCH NAME SHOWN ON SOCIAL SECURITY CARD.*

**RECENT NAME CHANGE?** Call 1-800-772-1213 to change your name on your social security card.

### PERMANENT ADDRESS

*Items Mailed to this Address:  
End of Year Tax Information, Official Correspondence*

### CURRENT ADDRESS

*Items Mailed to this Address(if different than permanent):  
Paychecks, Campus Correspondence*

*Same as Permanent Address*

Street Address:	Street Address:
City:	City:
Country:	Country:
State/Zip Code:	State/Zip Code:

**SIGN HERE**

**To Authorize Information:**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**RETURN COMPLETED FORM TO HUMAN RESOURCES/EMPLOYEE RELATIONS  
ADMINISTRATION BLDG 1000 - ROOM 1012**

<b>For Office Use Only:</b>	PPMS Input:	Date & Initials	DIS Input:	Date & Initials	DRS Input:	Date & Initials
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