

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>
Emergency Contact Name:	Emergency 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**

For Office Use Only:	PPMS Input:	Date & Initials	DIS Input:	Date & Initials	DRS Input:	Date & Initials
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