Employee Change of Name/Address

Human Resources
2 South Green Street, Sonora, CA 95370
(209) 533-5566

Employee Name: _____ Employee ID:_____

Former Name (For name change only): _____

You must attach a copy of your Social Security Card for a name change to be processed.

Complete this section only for address changes.

Mailing Address: _____

City: _____ State/Zip: _____

Physical Address (If different from mailing): _____

City: _____ State/Zip: _____

Phone: (_____) _____-_____ □ Home □ Cellular

Phone: (_____) _____-_____ □ Home □ Cellular

Email Address: _____

Person to Notify in Case of Emergency: _____

Phone(s): _____ Relationship: _____

You must attach a copy of your Social Security Card for a name change to be processed. Your name will be changed in you employee records to reflect the exact name that appears on the card. In addition, the IRS requires that you submit a new W-4 in order for your name change to be processed.

Signature: _____ Date: _____