CHANGE OF ADDRESS AND/OR NAME

TO: Department Payroll Clerk **FROM:** _____

Activity: _____ Employee ID# (5-digit): _____

Employee Name: _____

* Name Change: _____

Address Change: _____
Street # and Name City State Zip

Telephone: _____

DATE: _____ **Employee Signature:** _____

*Please note: Name changes must be forwarded to Personnel Records along with a copy of the new Social Security Card OR a receipt for a new card from the Social Security Administration.
You may also need to change your name with your retirement system, benefits, deferred compensation or other department/divisions of the City of Tucson.