

West Valley-Mission Community College District

NAME / ADDRESS CHANGE

Former Name: _____

New Name: _____

Date of Change: _____ SSN: _____ Location: _____

New Address: _____

City: _____ ST: _____ Zip: _____ Phone: _____

Classified

Academic

Full Time

Part Time / Hourly

Signature

Date

Accepted by: _____

Human Resources Representative

Date

Instructions for Name / Address Changes

1. Complete a change of beneficiary form for your respective retirement systems, if a member.
2. Update dependent coverage / address on health and welfare plans by completing the appropriate forms (see Benefits Specialist to obtain correct forms).
3. Complete voluntary benefit program forms (TSA, 457, Flex Benefit, etc.)
4. Return all documents to Human Resources.
5. *If Address Change Only, form may be completed by Human Resources Representative without employee signature.*

Additional Instructions for Name Change Only!

1. Obtain new social security card reflecting new name. Bring to Human Resources for copying.
2. Complete new tax withholding forms.

Distribution of Documents by Human Resources

1. Original name change to be filed in employee's personnel file and after entry into Datatel.
2. A copy of name change, withholding forms, and copy of social security card to be submitted to Payroll.
3. A copy of name change to be submitted to Benefits Specialist.
4. Official name change notification to respective STRS / PERS retirement system.
5. Copy to respective President's Office.

Distribution: Original – Personnel File; 1st Copy – Payroll; 2nd Copy – Benefits Specialist; 3rd Copy – President's Office

Change Processed: Datatel

Personnel File

HR Specialist - Initial / Date: _____