

NUNEZ COMMUNITY COLLEGE

Change of Employee Demographic Information

(Please Print)

1) Name: Last First Middle

Social Security Number - -

2) Correction of Social Security Number: (Attach a copy of the SS card)

From: To:

3) Name Change: If yes, attach official document. (Driver's License, Marriage, Judgment, SS card, etc.) New name must match social security card.

From:

Last First Middle

TO:

Last: First Middle

4) Address Change:

New Address: Number and Street City State Zip Code

5) Home Phone Number Change

From: () To: ()

6) Residency State Change:

From: To:

7) Ethnic/Race Change:

From: To:

8) Any other changes, please specify and note changes below:

Type of change:

From: To:

Type of change:

From: To:

Type of change:

From: To:

I understand that the changes noted above only change my information at Nunez Community College and LCTCS. I understand that I am responsible for notifying my retirement system, insurance carrier, and other agencies outside of the college of these changes.

Employee's Signature: Date:

For changes in emergency contacts, please complete a new Emergency Contact Form.