



REQUEST FOR CHANGE OF ADDRESS/NAME CHANGE

Columbia
Central Services
Modesto Junior College

Check One Employee Classification:
Adjunct
Classified/Mgmt.
Faculty
Stipends
Short Term Contract
Student Worker
Volunteer

ADDRESS CHANGE

- In Person: Photo Identification is required.
By Mail/Fax: Completed Change of Address Form with the following attached
Copy of Photo Identification required
Copy of proof of address change (ie. Utility Bill; Billing Statement)

YCCD
Attention: HR Operations
PO Box 4065
Modesto CA 95352
Fax: 209-575-6969

Effective Date of Change: \_\_\_\_\_ Colleague ID#: \_\_\_\_\_ Last 4 of Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_

Legal Residence: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_
(if different from Legal Residence)

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NAME CHANGE

- Name change must first be made legally through the Social Security Administration.
Please bring new, signed Social Security Card to Human Resources Operations Office to complete the change.
New W-4 must be submitted to process name changes.

Effective Date of Change: \_\_\_\_\_ Colleague ID #: \_\_\_\_\_ Last 4 of Social Security #: \_\_\_\_\_

Previous Name: \_\_\_\_\_

New Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Verification:

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_ Sent to: Payroll Date: \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_ Benefits Date: \_\_\_\_\_