



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/Email: 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: