COUNTY OF MONROE
EMPLOYEE PERSONNEL CHANGE FORM

NAME: _____
(Last) (Middle) (First)

EMPLOYEE ID #:_____ (found on your time card and pay stub)

DEPARTMENT: _____

EFFECTIVE DATE OF CHANGE: _____

TYPE OF CHANGE: (Check all that apply and provide the required information)

☐ NAME (New Name) * Attach copy of new Social Security Card *

Federal law requires the same name on your Social Security Card and on your payroll records for wage reporting purposes.

_____
(Last) (First) (Middle)

Reason for name change: _____

☐ ADDRESS – All employees must have a home address listed in their Personnel File. If adding a *PO Box as a mailing address, you MUST also indicate your home address.*

☐ Change Home Address ☐ Add/Change PO Box ☐ Remove PO Box

Home Address:_____

Mailing Address (if different from home address):_____

City/State: _____ Zip Code:_____

I understand that in most cases residency in Monroe County is required by County policy, union agreement or Public Officers Law. I affirm that the information provided on this form is true and accurate.

_____ _____
Employee Signature Date

Return completed form to: Monroe County Department of Human Resources
39 W. Main Street - Room 210
Rochester, NY 14614

REV: 03/11