

# EMPLOYEE CHANGE NOTICE

*Please fill out the appropriate area and return to the Educational Service Center*

<b>Employee Name (Print)</b>	
<b>Signature</b>	<b>Effective Date of Change:</b>
<b>Address Change:</b>  Street:  City:  State:  Zip Code:  Phone:	<b>Name Change (Need copy of new Social Security Card)</b>  Former Name: _____  New Name: _____

*Copies to:*

- \_\_\_ *Veleta*
- \_\_\_ *Mary*
- \_\_\_ *Danielle*
- \_\_\_ *Vicki M.*