



Department of Finance
Benefits Division

ADDRESS and NAME CHANGE Form

EMPLOYEE ID: _____

EMPLOYEE NAME: _____

DEPARTMENT: _____

ADDRESS CHANGE

Address Line 1: _____

Address Line 2: _____

City: _____

Zip Code: _____ - _____ Telephone Number: _____ - _____

Effective Date of Change: _____

Is your mailing address the same as home address? YES NO

(If no, attach additional sheet showing mailing address)

NAME CHANGE

To: First Name: _____

Middle Name: _____

Last Name: _____

Suffix: ___

Effective Date: _____

NOTE: For a name change: Please contact the Payroll Unit to complete a W4 form and provide a copy of your updated social security card with this request.

EMPLOYEE SIGNATURE _____ Date _____

Please forward completed form to: employeebenefits@fultoncountyga.gov