

**MONTEREY COUNTY OFFICE OF EDUCATION  
NAME CHANGE FORM**

Date: \_\_\_\_\_ District #: \_\_\_\_\_

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

<u>Employee Information</u>			
Social Security Number: _____ - _____ - _____			
Previous Name: _____			
	First	MI	Last
New Name: _____			
	First	MI	Last
<b>*Copy of Social Security card displaying new name must be attached for processing.</b>			

<u>District</u>	
Submitted by: _____	
Updated in FMS:	<input type="checkbox"/> No <input type="checkbox"/> Yes, as of _____

<u>MCOE:</u>
W-2 Updated: _____
Retirement Updated: _____

Submit to:

Monterey County Office of Education  
District Payroll Services Department  
P.O. Box 80851  
Salinas, CA 93912-0851  
Fax: (831) 753-1686