

NAME AND SOCIAL SECURITY NUMBER CHANGE

EMPLOYEE INSTRUCTIONS

- 1. Use this form to change your name or social security number.
- INSTRUCTIONS: 2. In order to change your name or social security number with Fairfax County Public Schools, you must already have contacted the Social Security Administration regarding the change. To change your name or social security number, you must submit this form with either a copy of the receipt from the Social Security Administration or a copy of your new social security card, if available, to ensure accurate credit of your earnings.
 - 3. Return this signed form to the Office of Payroll Management, 8115 Gatehouse Road, Suite 2200, Falls Church, VA 22042. Incomplete forms will be returned.

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Employee Number		Last Four Digits of Social Security Number		Check One	Effective Date of Change
		X X X - X X -		Paid Monthly Paid Biweekly	
Current Employee Name:					
Last Name			<u> </u>		
First Name					
Middle Name					
Maiden Name					
Change Employee Name To:					
Last Name					
First Name					
Middle Name					
Maiden Name					
Change Social Security Number to (copy of new card if available):					
Employee Signature				Date	
For Payroll Use Only:					
	Input	by		Date	