NAME AND ADDRESS CHANGE

EMPLOYEE INSTRUCTIONS:

1. Use this form to change your name, address, telephone number or correct your social security number.
2. If your primary address changes from your current state of residence, or current county/city of residence for Maryland residents, you should submit new state tax withholding documents. These documents are available via UConnect on the web at http://www.fcps.edu/DHR/uconnect, at your work location, or by contacting the HR Client Service Center at 571-423-3000.
3. If your name or address change is due to a status change (for example, a marital status change), you may be eligible to change coverages. Contact the HR Client Service Center at 571-423-3000 to discuss your particular circumstances.
4. 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.
5. Return this **signed** form to the Office of Payroll Management, 8115 Gatehouse Road, Suite 2200, Falls Church, VA 22042. Incomplete forms will be returned.

Employee Number	Last Four Digits of Social Security Number	Check One	Effective Date of Change
	XXX-XX-	☐ Paid Monthly ☐ Paid Biweekly	

Current Employee Name:

Last Name

First Name

Middle Name

Maiden Name

Click here to change address on-line in UConnect

Change Employee Name To:

Last Name

First Name

Middle Name

Maiden Name

Change Primary/Main Address To
(use only for residency changes): Phone Number

Street

City State Zip Code

County (Maryland residents) If Baltimore City, check ☐

Note: If your current state of residence, or current county/city of residence changes for Maryland residents your state tax withholding will be affected. You should submit new state tax withholding documents to the Office of Payroll Management as soon as possible to ensure correct withholdings. **In addition, a post office box or work location is not a valid primary address.**

Change Mailings/Supplemental Address to
(use only for temporary mailing address changes): Phone Number

Street

City State Zip Code

Note: Changes to your Mailing/Supplemental Address are for temporary mailing address changes only (i.e, forwarding your pay advice/paychecks to a different location during the summer months). If your legal place of residence is changing, change your Primary/Main Address above. Please be sure to send in an updated change of the Mailing/Supplemental address when your mailing address changes back, as pay advice and paychecks are sent to the Mailing/Supplemental address on file. A work location is not a valid supplemental address.

Change Social Security Number to (copy of new card if available):

Employee Signature Date

For Payroll Use Only:

Input by Date

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