

Town and County of Nantucket Human Resources Office

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Employee Address & Name Change Form

Employee Name: _____

Employee Current Address: _____

Employee Phone Number: _____

Employee Email Address: _____

Please place a checkmark in the appropriate box

Address Change

Name Change (a social security card must be presented and verified before the change is made)

NEW Address:	
Additional Notes:	

Name Change TO:	
Additional Notes:	

Effective Date: ____ / ____ / ____

Employee Signature

Date:

HR Confirmation of Receipt: _____ Date: _____

Payroll Confirmation of Receipt: _____ Date: _____

ELECTRONIC ADDRESS AND NAME CHANGE FORM WILL NOT BE ACCEPTED. THE PHYSICAL FORM MUST BE SUBMITTED TO HUMAN RESOURCES.

Revised 09/21/2021