



# Nye County Human Resources

## EMPLOYEE NAME / ADDRESS CHANGE FORM

\_\_\_\_\_  
Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Phone Number

### NAME CHANGE

Old Name: \_\_\_\_\_

New Name: \_\_\_\_\_

\*Name will not be changed in the payroll system unless a new **Social Security Card** reflecting the new name is attached.

### ADDRESS CHANGE

New Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please change my address with the following:**

- ☐ **Nye County Payroll System**, I understand that for Social Security reporting purposes, my name must appear in the Payroll System the same as it appears on my Social Security Card. I further understand that my W-2 form will be mailed to this address.
- ☐ **Anthem Blue Cross & Blue Shield**
- ☐ **Ameritas ~ Dental/ Vision**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date