Employee ID#	:
Payroll Cycle:	

CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES **GERACE OFFICE BUILDING •3 NORTH ERIE STREET** MAYVILLE, NEW YORK 14757-1007

Phone: (716) 753-4237 • Fax: (716) 753-4686 • Internet: www.co.chautauqua.ny.us • E-MAIL: cchrs@co.chautauqua.ny.us

EMPLOYEE AND APPLICANT CHANGE OF NAME/HOME ADDRESS/PERSONAL EMAIL ADDRESS FORM

NOTE: Your new contact information provided below will ONLY be used to update your employment and/or application records.

EMPLOYEES OF CHAUTAUQUA COUNTY GOVERNMENT ONLY: If you are submitting a notice of name change please attach a copy of your new social security card, driver's license, and supporting documentation (marriage license, divorce decree, etc.). We cannot change your payroll/insurance record without that document.

Please refer to the	additional informa	ation on the	e reverse side of this	form.		
Effective Date:	Social	Security Nu	mber: XXX-XX-		<u></u>	
<u>Name</u>			New Name			
Last Name	First Name	MI	Last Name	First Name	MI	
Former Home Addı	<u>ress</u>		New Home Addre	ess and Phone No.		
Street			Street			
City	State Z	Zip	City	State	Zip	
			Phone Number			
If you are changin address:	g your address ple	ase compl	ete the legal residenc	e information bel	ow for your new	
	School District					
	City or Village of Town of					
	County of					
	State of					
employment. Section has practiced, or atte eligibility or appointm	n 50 of Civil Service La empted to practice, any	aw provides t deception o	This declaration is part of hat any candidate who har fraud in his application, be required to produce d	as intentionally made in his examination, o	e a false statement or or in securing his	
residence. Return this docume	ent to the office and	address liste	ed above.		CE USE ONLY ACCESS	
Signature		Date	Date		NEW WORLD INSURANCE	
			~ OVER ~	I	PAYROLL Γ Λ/P	

Additional information for County Government Employees Only: If you changed your name and/or your home address, please complete the necessary tasks listed below that pertain to your situation.

NAME AND ADDRESS CHANGE CHECKLIST
□ NYS Retirement - New York State and Local Retirement System, forms are available at www.osc.state.ny.us/retire/forms/index.php then click on forms. "Name Change Notice RS 5483" or if you've had a change in your beneficiaries "Designation of Beneficiary RS 5127" or "Designation of Beneficiary – Trust RS 5127-T".
□ NYS Deferred Compensation - New York State Deferred Compensation forms are available at www.nysdcp.com then click on forms. Under the section labeled "Changing Your Account" you will find forms such as "Address Change Form", "Beneficiary Change Form" and "Deferral Updates". You may also contact them directly at 1-800-422-8463.
□ E-Mail Account - If your name has changed, you may need to have your County e-mail account updated. This form is available on the Chautauqua County Intranet website under the Information Technology department. The "Add-Change-Remove User Form" should be completed by either you or your department head and submitted to the Information Technology department in order to process your request.
□ <u>Desk Phone Caller ID/County Phone Directory</u> - If your name has changed, you may also need to have your telephone extension or name changed on your desk telephone and on-line within the Chautauqua County Directory. This may be completed by notifying the IT Help Desk at X-4281.
□ <u>Union</u> - If your contact information has changed, you may need to notify your respective Union by making contact with one of your union's officials. CSEA members may call 1-800-342-4146.
□ <u>County ID Badge</u> - If your name, department or title has changed you may need to obtain a new County ID Badge. This may be done by contacting the Human Resources office at Ext. 4237.