

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 AND/OR 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. We cannot change your payroll record without that document. **Please refer to the additional information on the reverse side of this form.**

Effective Date: _____

Social Security Number: XXX-XX- _____

Name

New Name (if applicable)

Last Name First Name MI

Last Name First Name MI

Former Address

New Address and Phone No. (if applicable)

Street

Street

City State Zip

City State Zip

Phone Number

If you are changing your address please complete the legal residence information below for your new address:

School District	
City or Village of	
Town of	
County of	
State of	

Employment/examination candidates please note: This declaration is part of your application for examination or employment. Section 50 of Civil Service Law provides that any candidate who has intentionally made a false statement or has practiced, or attempted to practice, any deception or fraud in his application, in his examination, or in securing his eligibility or appointment may be disqualified. You may be required to produce documented evidence of your change of residence.

Return this document to the office and address listed above.

Signature Date

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Additional information for County Government Employees Only: If you changed your name and/or your 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.
- Desk Phone Caller ID/County Phone Directory** - 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.
- Union** - 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.
- County ID Badge** - 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.