

## Department of Personnel Name/Address Change Form

<p><b>Current Employee</b></p> <p>Employee ID _____</p> <p>Department _____</p> <p><b>*Check applicable coverage:</b></p> <p style="text-align: center;">Medical    Dental    Vision</p>	<p>Submit this form to your Departmental Payroll/ Personnel staff; they will use it to notify Payroll, Employee Benefits*, and County Personnel Departments. It is your responsibility to notify other agencies (such as Credit Union and the NYS Employees Retirement System) directly.</p>
	<p style="text-align: center;">For County Department Use Only:    Date sent _____</p> <p>Sent to:</p> <p style="text-align: center;">Personnel (Original)      Payroll (Fax/Copy)      Employee Benefits(Fax/Copy)</p>
<p><b>Applicant</b></p> <p>Social Security No. SSSSSSSSSSSSSSSSS</p>	<p>Submit this form in person or via mail to the Department of Personnel (Examinations Unit) at 50 Sanatorium Road, Pomona, NY 10970 or fax to (845) 364-3738.</p>
<p><b>Retiree</b></p> <p>Social Security No. SSSSSSSSSSSSSSSSS</p>	<p>Submit this form in person or via mail to the Employee Benefits Department at 50 Sanatorium Road, Pomona, NY 10970 or fax to (845) 364-3738. It is your responsibility to notify other agencies (such as Credit Union, Deferred Comp and the NYS Employees Retirement System) directly.</p>

Check all that apply:

Name Change                       Address Change                       Telephone/Email

**FORMER INFORMATION (Before Change) -- PLEASE PRINT**

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

LEGAL ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM LEGAL ADDRESS): \_\_\_\_\_

**NEW INFORMATION -- PLEASE PRINT**

**EFFECTIVE DATE OF CHANGE** \_\_\_\_\_

(For address change, this should be the effective date of your move)

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

LEGAL STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NUMBER: (Home) \_\_\_\_\_ (Cell/Alternate) \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM LEGAL ADDRESS): \_\_\_\_\_

*I affirm that the information given above is true and correct. I understand that any false statements may result in a disqualification from or revocation of an appointment.*

Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

**For Department of Personnel/Civil Service Examinations Use Only:**

Date Updated in CCS: \_\_\_\_\_ By \_\_\_\_\_ Date Updated in Peoplesoft \_\_\_\_\_ By \_\_\_\_\_

RC Department of Personnel 10/02/2018