NAME CHANGE:

A. If a name change needs to be made, the Name Change Form must be completed. (See sample).

B. The Name Change Form should be completed as follows:
   1. CPS ID#: The employee’s 5-digit CPS identification number.
   2. PREVIOUS NAME: The employee’s name prior to the change.
   3. NEW NAME: The employee’s new name.
   4. BUILDING: The school location of the employee.
   5. SIGNATURE: The signature of the employee with the name change.
   6. DATE: The date on which the form is completed and signed.

C. The completed form, along with a copy of the employee’s new social security card, should be sent to the Payroll Department at Business Services for processing.

NAME CHANGE FORM
ADDRESS CHANGE:

A. If an address change needs to be made, the **Interoffice Change of Address Form** must be completed. (See sample).

B. There are several times during the year when mailings are sent to an employee’s home address, so it is important to have the correct address.

C. The **Interoffice Change of Address Form** should be completed as follows:

1. **CURRENT DATE:** The date the form is completed.
2. **EFFECTIVE DATE:** The date the address change is effective.
3. **SOCIAL SECURITY NUMBER:** The social security number of the employee changing address.
4. **CPS ID NUMBER:** The Columbia Public School identification number of the employee changing address.
5. **NAME:** The full name of the employee changing address.
6. **ADDRESS:** The employee’s new address, including city, state and zip code.
7. **TELEPHONE:** The telephone number of the employee changing address. This is important in case the Business Services office needs to contact the employee with questions about the change.
8. **SIGNATURE REQUIRED:** The employee’s signature is required for any change in address.

D. The completed form should be sent to the Payroll Department at Business Services for processing.
**INTEROFFICE CHANGE OF ADDRESS FORM**

### COLUMBIA PUBLIC SCHOOLS
INTEROFFICE CHANGE OF ADDRESS
( PLEASE PRINT )

<table>
<thead>
<tr>
<th>CURRENT DATE:</th>
<th>EFFECTIVE DATE:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NUMBER:</th>
<th>CPS ID NUMBER:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME:</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
</tr>
<tr>
<td>City, State &amp; Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TELEPHONE:</th>
<th></th>
</tr>
</thead>
</table>

---

Signature Required

---

REV 07/05

For Business Office Use Only:
- Payroll
- Accts. Payable
- Employee Benefits