

**MONTEREY COUNTY OFFICE OF EDUCATION
NAME CHANGE FORM**

Date: _____ District #: _____

District Name: _____

Employee Information

Social Security Number: _____ - _____ - _____

Previous Name: _____
First MI Last

New Name: _____
First MI Last

***Copy of Social Security card displaying new name must be attached for processing.**

District

Submitted by: _____

Updated in FMS: No Yes, as of _____

MCOE:

W-2 Updated: _____

Retirement Updated: _____

Submit to: Monterey County Office of Education
 Payroll Services Department
 P.O. Box 80851
 Salinas, CA 93912-0851
 Fax: (831) 753-1616