



## MONTEREY COUNTY OFFICE OF EDUCATION SOCIAL SECURITY NUMBER CORRECTION FORM

Date: \_\_\_\_\_ District #: \_\_\_\_\_

District Name: \_\_\_\_\_

### Employee Information

Name: \_\_\_\_\_  
FirstMILast

Incorrect Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Correct Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**\*Copy of Social Security card must be attached for processing.**

### District

Submitted by: \_\_\_\_\_

Updated in FMS:      No      Yes, as of \_\_\_\_\_

### MCOE IT

Updated FMS: \_\_\_\_\_ Pay History Validated: \_\_\_\_\_

### MCOE Payroll Services

W-2 Updated: \_\_\_\_\_ Retirement Update: \_\_\_\_\_

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