MONTEREY COUNTY OFFICE OF EDUCATION
SOCIAL SECURITY NUMBER CORRECTION FORM

Date: _____ District #: _____

District Name:_____

Employee Information

Name: _____ _____ _____
First MI Last

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