



**Name / Address / Phone Change Form**

**Name**

New Name: \_\_\_\_\_

Former Name: \_\_\_\_\_

*Reason for Change (check one):*

\_\_\_\_\_ Marriage

\_\_\_\_\_ Divorce

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

**Address**

New Address: \_\_\_\_\_

\_\_\_\_\_

Former Address: \_\_\_\_\_

\_\_\_\_\_

**Phone**

New Phone #: \_\_\_\_\_

**Employee Approval**

*By signing below, I authorize Pittsylvania County to make these changes for payroll and benefits purposes.*

Employee Signature: \_\_\_\_\_

Last 4 Digits of SSN#: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this completed form to the Payroll Office. Thank you!**