



DeKalb County Government Employee Change Form

Employee Name: _____

Today's Date: _____

Social Security Number: _____

Effective Date: _____

TYPE OF CHANGE	
<i>Please check all that apply.</i>	
<input type="checkbox"/> Address	<input type="checkbox"/> Marital Status
<input type="checkbox"/> Phone Number	<input type="checkbox"/> Emergency Contact
<input type="checkbox"/> Name Change <i>(Please see below for additional documentation that must be submitted with your request.)</i>	

Please print clearly.

Address: _____

City: _____ State: _____ Zip: _____ Enter 5 digits only

Phone: _____ Enter your 10 digits Only. Don't use () or dashes

Emergency Contact Name: _____

Emergency Contact Phone: _____ Enter your 10 digits Only. Don't use () or dashes

Emergency Contact Relationship: _____

The following changes require submission of a new W-4 and copy of the legal documentation with this change request form:

Marital Status: **Single** **Married** **Widowed** **Divorced**

Name Change:

This should be your name as it appears on your Social Security card. You must also include a copy of your Social Security card with this request in order for the change to be processed.

Original Name: _____

New Legal Name: _____

Employee Signature: _____ **Date:** _____