



**CHANGE OF NAME/ADDRESS FORM – ACTIVE EMPLOYEES**

TO: Halifax County Schools  
Human Resource Department  
Post Office Box 468  
9525 Highway 301  
Halifax, NC 27839

FROM: \_\_\_\_\_  
(Name of Employee)

RE: Change of Name and/or Address

\_\_\_\_\_  
**EMPLOYEE SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**EMPLOYEE NAME**

OLD NAME: \_\_\_\_\_

NEW NAME: \_\_\_\_\_

**NEW ADDRESS:**

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

**Effective Date:** \_\_\_\_\_

**NEW HOME PHONE:** \_\_\_\_\_

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

\_\_\_\_\_  
Human Resources Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Note:** A copy of this must be sent to Payroll at the same time.