UCPS
UNION COUNTY PUBLIC SCHOOLS
Human Resources Division

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Monroe, NC 28112
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www.ucps.k12.nc.us

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Employee Change of Address and/or Name Form

SSN: XXX-XX-_____ (last four digits only)

Legal Name: _____
(Same Name as Social Security Name) Last First Middle Maiden

Prior Name (If changing name*): _____

New Address: _____
Street City State Zip

Phone: _____

Position: _____ **School:** _____

Date Form Completed: _____

ADDRESS CHANGE: PLEASE RETURN THIS COMPLETED FORM TO HUMAN RESOURCES

***NAME CHANGE: MUST CONTACT HUMAN RESOURCES BEFORE COMPLETING FORM**

Please contact either by email or phone: Melanie Belk at melanie.belk@ucps.k12.nc.us or (704) 296-5542.
***You must have your new Social Security Card before your name can be changed*.**
Please also contact your licensure specialist in order to change your name on your teaching license.

Human Resources will forward copies of your completed form to the Benefits and Payroll Departments.

____ **Benefits**

____ **Payroll**

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In compliance with federal law, UCPS administers all educational programs, employment activities and admissions without discrimination against any person on the basis of gender, race, color, religion, national origin, age or disability.