



Human Resources Division

400 N Church St
Monroe NC 28112
Ph (704) 296-9898
Fax (704) 289-9154

Substitute Teacher Change of Address and/or Name

SSN: _____

Name: _____
Last First Middle Maiden
(As listed on Social Security Card)

Prior Name (If changing name*): _____

Address: _____
Street City State Zip

Phone: _____

Email: _____

Position: _____ School: _____

Date Form Completed: _____

***NAME CHANGE:**
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 return to the above address (Attn: Employee Relations)

The Human Resources Division will forward copies of your completed form to STEMS Office and Payroll.

___ STEMS

___ Payroll