AC0020
Rev. 11/07

ADDRESS/NAME CHANGE FORM–PAYROLL
Accounting Department
Lincoln Public Schools

_____ _____ _____ _____
Last Name *First Name* *MI* *Employee ID#*

_____ _____
Position *Location*

❑ **Check if NAME change** (Copy of NEW social security card required)

FORMER Name _____ _____ _____
Last Name *First Name* *MI*

❑ **Check if ADDRESS change**

_____ _____ _____ _____
Address *City* *State* *Zip*

❑ **Check if PHONE NUMBER change**

_____
Phone Number (Required, please include area code)

_____
Effective date of change(s)

_____ _____
Signature (Required) *Date*

Send original to Payroll, Box 32, LPSDO

NAME/ADDRESS CHANGES CHECKLIST

All Employees Must:

- ❑ Complete Address/Name Change Form and send to Payroll, Box 32.
- ❑ Call Social Security Department (800) 772-1214 (for name change only).
- ❑ Write to insurance company for any insurance through Lincoln Public Schools (name and address change) only if no longer employed by LPS.
- ❑ Complete W-4 Form and send to Payroll, Box 32 (name change only).
- ❑ Change beneficiary forms for LPS death benefit, term life insurance, and Nebraska State Retirement. Forms are available in Human Resources, 436-1578.

Certificated Employees Also Must:

- ❑ Change name on teaching certificate by contacting: Teacher Certification, 301 Centennial Mall, (402) 471-2496.
- ❑ Re-register teaching certificate with Human Resources, LPSDO.