

**LOS ALAMOS PUBLIC SCHOOLS**  
**2075 Trinity Drive**  
**Los Alamos, NM 87544**  
**505-663-2222**

**NOTICE OF CHANGE FORM**

NAME: \_\_\_\_\_  
(print or type)                      First                      MI                      Last

NEW NAME: \_\_\_\_\_  
Documentation of name change is *required* (new S.S. card). **Also fill out a new ERA form.**

SCHOOL/LOCATION: \_\_\_\_\_

PAY LOCATION: \_\_\_\_\_

NEW STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

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FOR CENTRAL OFFICE USE ONLY:

Date entered into Visions: \_\_\_\_\_

Department	Date Sent to:	Initials
Payroll		
Insurance		

Date Returned to Human Resources \_\_\_\_\_