

**Leon County Board of County Commissioners  
Office of Human Resources**

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**CHANGE OF NAME & ADDRESS FORM**

**PLEASE PRINT**

**NAME CHANGE** \*Please include supporting documentation such as updated Driver License or Marriage License.

**FROM:** \_\_\_\_\_

**TO:** \_\_\_\_\_

**ADDRESS CHANGE:** Please check one     Physical     Mailing     Physical & Mailing

**NAME:** \_\_\_\_\_

**NEW ADDRESS:** \_\_\_\_\_

**NEW PHONE NUMBER(S)** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employer Representative

\_\_\_\_\_  
Date

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**CHANGE IN EMERGENCY CONTACT:**

Please designate an individual to be contacted in the event of an emergency. This information will be placed in your personnel file and should be updated as often as necessary.

**CONTACT PERSON #1 (Local person if possible)**

Contact Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

**CONTACT PERSON #2**

Contact Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Return completed form by inter-office mail to: Human Resources, Suite 210, 315 S. Calhoun St. (Bank of American Building) or by FAX at 606-2401