

**COOK COUNTY BOARD OF COMMISSIONERS  
EMPLOYEE CHANGE OF ADDRESS / NAME FORM**

**ATTN: Payroll/Human Resource Department**

**DATE:** \_\_\_\_\_

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

**EMPLOYEE SOCIAL SECURITY #:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**New Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*IF THIS IS A NAME CHANGE REQUEST**

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