

# Louisa County Employee Change Notice Form

Instructions: Fill in any information pertaining to the change you would like to make. Make sure to sign the form and return it to the Louisa County Auditor's Office.

Employee Name (currently on file): \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

Check the appropriate box/s reflecting a change:

Name       Address       Phone Number/s       Emergency Contact

**Name Change:**

Change name to: \_\_\_\_\_

*Please note: When changing name you will also need to turn in a copy of your new social security card. Name changes will not be processed without verification.*

**Address Change:**

Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Phone Number(s) Change:**

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Additional Phone \_\_\_\_\_

**Emergency Contact Change:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_  
(Indicate Spouse, Parent, Sibling, Legal Guardian, Other)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department

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