

Internal Services Agency
Department of Personnel Services
Employee Benefits Office



Terry Schutten, County Executive
Mark Norris, Agency Administrator
David Devine, Department Director

County of Sacramento

CHANGE FORM

Name Change

Address Change

Employee Name: _____

SSN: _____ DOB: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Work Number: _____

Home Number: _____

Health Plan: _____

Signature: _____ Date: _____

Please Return To:

Employee Benefits Office
700 H Street, Room 6750
Sacramento, CA 95814

Mail Code: 09-6750
Fax Number: 874-4621