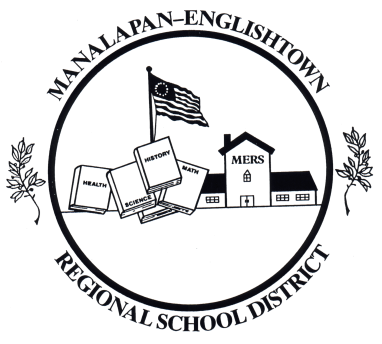
**CHANGE OF**

**NAME/ADDRESS/PHONE**

**PLEASE CHECK THE FOLLOWING THAT YOU ARE CHANGING:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | | | |  | | | Address | | | | |  | | | Phone | | |  | | | | |
|  | |  | | | | | | | | | | | |  | | | | |  | | | | | | |
|  | |  | | | | | | | | | | | |  | | | | |  | | | | | | |
| Name: | |  | | | | | | | | | | | | Position: | | | | |  | | | | | | |
| SS# |  | | | | | | | | | | | | | Location: | | | | | |  | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | |
| Current  Information | | | Address: | | | |  | | | | | | | | | | | | | | | | | | |
| Primary Phone: | | | | | | |  | | | | | | | | | | | | | | | |
| Secondary Phone: | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | |
| New  Information | | | New Name\*: | | | | | |  | | | | | | | | | | | | | | | | |
| New Address: | | | | | |  | | | | | | | | | | | | | | | | |
| City: | |  | | | | | | | State: | | |  | | | | | | | Zip: | | |  |
| Primary Phone: | | | | | | |  | | | | | | | | | | | | | | | |
| Secondary Phone: | | | | | | | |  | | | | | | | | | | | | | | |
| Emergency Contact: | | | | | |  | | | | | | | | | | | | Phone #: | | | | | |  | |
| \*Please note: For name changes you must provide a new Driver’s License & Social Security Card with new name. (Certificated staff must also change their certification(s)) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | |
| Employee Signature: | | | | | |  | | | | | | | | | | | | | | | Date: | |  | | |
| Effective Date: | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | |
| **Return completed form to Heidi Brown/Human Resources** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | |
| To be completed in Central Office only: | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | |  | | | | | | | | |

HR\_\_\_\_\_ Payroll\_\_\_\_\_ Technology\_\_\_\_\_ Building\_\_\_\_\_ Supervisor\_\_\_\_\_