**CHANGE OF**

**NAME/ADDRESS/PHONE**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Address |  | Phone |  |
|  |  |  |  |
|  |  |  |  |
| Name: |  | Position: |  |
| SS# |  | Location: |  |
|  |  |  |
| CurrentInformation | 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\_\_\_\_\_