

EMPLOYEE BASIC INFORMATION CHANGE FORM (DO NOT FAX)

Employees are responsible for notifying the Human Resources Department when personal circumstances require a change in basic employee information. Please complete this form certifying that all information is accurate and return to the HR Department. Personal identification may be requested to maintain confidentiality.

NAME: _____

SS # _____ LOCATION _____ POSITION _____

1. NAME CHANGE: A copy of your **new Social Security card must be attached.**

From: _____

To: _____

PLEASE COME INTO HUMAN RESOURCES IF YOU NEED EITHER OF THE FOLLOWING FORMS: W-4 or TRS BENEFICIARY INFORMATION.

2. PERMANENT ADDRESS CHANGE – All district mail will go this address:

To: _____

Zip Code _____

3. TELEPHONE NUMBER: - Please check here if your number is unlisted _____

New # _____ (home)

_____ (cell)

Employee Signature Effective Date

OFFICE USE ONLY *CHANGES MADE TO SKYWARD* *BY*

<i>MEDICAL</i>	<i>DENTAL</i>	<i>VISION</i>
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