



# Employee Change of Address or Name

To process an address or name change, please complete the information below and submit to the district office receptionist.

Employee Name: \_\_\_\_\_  
Work Site: \_\_\_\_\_ Certified   
Effective date of change: \_\_\_\_\_ Classified

## Change of Address

New Address: \_\_\_\_\_  
\_\_\_\_\_

Phones: Home: \_\_\_\_\_ (1/2/3) Cell: \_\_\_\_\_ (1/2/3)  
Work: \_\_\_\_\_ (1/2/3) (Please rate calling preferences 1/2/3)

## Change of Name

Previous Name: \_\_\_\_\_  
New Name: \_\_\_\_\_

To process a name change, we must have a copy of a social security card showing the new name.

## Family Information

If you have a student(s) attending in this district, please list their name(s) and whether changes apply to that student.

_____	_____	Change	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name	School			
_____	_____	Change	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name	School			
_____	_____	Change	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name	School			
_____	_____	Change	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name	School			

Employee Signature: \_\_\_\_\_ Date of Form: \_\_\_\_\_

**Reminders:** Does your health or life insurance need to be modified? Do you have an addition or deletion of health coverage for dependents? Do you need to change your W-4 dependent numbers?

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Change processed by: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Copy to: Payroll  Personnel  Business Office  Student Services