

TO: HUMAN RESOURCE DEPARTMENT
Attention: Michelle Kahl / Nichole Conaway

RE: Name/Address Change

Please Note: If you are both an employee and district parent, you will be required to change your address with the school(s) that your child(ren) attend. Proof of residence or additional forms may be required.

CHANGE OF NAME/ADDRESS FORM

Today's Date: _____ Effective Date: _____

Legal Name: _____

Legal Name with Changes* (if applicable): _____

*Please note that for a change of name, you must provide in person, legal documentation (marriage license, divorce decree, or other legal documentation) showing proof of your name change. You will also be required to bring to the Benefits Department your newly issued Social Security Card in order to update your I-9 Form.

New Address: _____
(Street Address) (Apt/Lot/Trlr/PO Box # - **Please Specify**)

(City) (State) (Zip)

Phone Number(s): Home Phone: _(_____)_____-_____
 Cell Phone: _(_____)_____-_____
 Other Phone: _(_____)_____-_____
Please indicate which number you prefer listed as your primary phone number by checking the box.

School/Building: _____

Employee Type: Teacher Custodial/Maintenance Food Service
 Substitute Secretary/Clerk/Aide Other _____

The following areas of the Data Processing Department will be changed once this form has been routed to them from Human Resource Department: Network Login/Drive Skyward/Infinite Campus Access Email* Phone

*Your email login/account name will be changed. If you have concerns regarding the timing of changes to your email account so that those sending you email can be notified of the change in advance, please contact the IT Department.

I authorize my name/address information to be shared with the Union for the purpose of updating member information.

Signature: _____ Date: _____

Please Note: This form will change your name/address with the following departments: Human Resource, Payroll, Benefits, Accounts Payable, and Data Processing. **You will need to inform your school secretary and/or immediate supervisor.**

For HR Department Use Only:

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|--|--|--|
| <input type="checkbox"/> Marriage Certificate Verified | <input type="checkbox"/> Divorce Decree Verified | <input type="checkbox"/> Social Security Card Verified |
| <input type="checkbox"/> cc Payroll | <input type="checkbox"/> cc Benefits | <input type="checkbox"/> cc Accounts Payable |