

EDMONSON COUNTY SCHOOLS

Name/Address Change Form

Name or address changes may not be verbal. It is vital that you complete this form accurately. If you have a name change to report, you must attach a copy of your Social Security Card.

EMPLOYEE NUMBER: _____

EMPLOYEE NAME (new name if changed): _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

EFFECTIVE DATE OF CHANGE: _____

CERTIFIED

CLASSIFIED:

NATURE OF CHANGE

NAME CHANGE: (Send copy of Social Security Card for Name Change)

New Last Name: _____

First Name: _____ Middle Initial: _____

Previous Name: _____

New Marital Status

Old Marital Status

ADDRESS CHANGE:

Old Address: _____

New Address: _____

Phone Number: _____

Please return this form to the Payroll Department. This form updates the Personnel, Payroll and Benefits Departments. This change does not update optional benefits (Vision, Dental, etc.)