

CHANGE OF NAME/ADDRESS/TELEPHONE NUMBER

Rev. 9/18

Grant County Schools

DIRECTIONS: *Employee completes (and signs) this form when there is a change of name, address, or telephone number. Please carefully follow all directions on this form. For a name change, a Social Security card reflecting the new name must be provided.*

| | | | | | | | | | | | | | |
|---|--|--|----------------------------|--|-------|-------|---|-------------------------|-------|---|-------|-------|--|
| Employee Name (PLEASE PRINT)-if name has changed, print former name here & new name below | Soc. Sec. # (copy of card required for name change) | | | | | | | | | | | | |
| <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"><input checked="" type="checkbox"/> Type of Change <i>(mark all that are changing)</i></td> <td style="width: 40%; text-align: center;">Information <i>(please complete address & telephone #, whether or not these are changing*)</i></td> <td style="width: 30%;">Eff. Date of Change</td> </tr> <tr> <td><input type="checkbox"/> Name <i>(only for a name change)</i></td> <td>_____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Address <i>(must be completed*)</i></td> <td>_____ _____ _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Telephone # <i>(must be completed*)</i></td> <td>_____</td> <td>_____</td> </tr> </table> | <input checked="" type="checkbox"/> Type of Change <i>(mark all that are changing)</i> | Information <i>(please complete address & telephone #, whether or not these are changing*)</i> | Eff. Date of Change | <input type="checkbox"/> Name <i>(only for a name change)</i> | _____ | _____ | <input type="checkbox"/> Address <i>(must be completed*)</i> | _____ _____ _____ | _____ | <input type="checkbox"/> Telephone # <i>(must be completed*)</i> | _____ | _____ | |
| <input checked="" type="checkbox"/> Type of Change <i>(mark all that are changing)</i> | Information <i>(please complete address & telephone #, whether or not these are changing*)</i> | Eff. Date of Change | | | | | | | | | | | |
| <input type="checkbox"/> Name <i>(only for a name change)</i> | _____ | _____ | | | | | | | | | | | |
| <input type="checkbox"/> Address <i>(must be completed*)</i> | _____ _____ _____ | _____ | | | | | | | | | | | |
| <input type="checkbox"/> Telephone # <i>(must be completed*)</i> | _____ | _____ | | | | | | | | | | | |

** By completing the address and telephone # above, the employee will assist us in verifying that our records are accurate.*

Employee Signature

Date Form Completed

Worksites/Locations

Position(s)

FOR CENTRAL OFFICE USE ONLY--PLEASE DO NOT WRITE BELOW THIS LINE

| Date Received |
|---------------|
| |

- | | <u>Initials</u> | <u>Date</u> |
|--|-----------------|-------------|
| 1) Personnel Directory updated | _____ | _____ |
| 2) Health insurance change form submitted, if applicable | _____ | _____ |
| 3) Life insurance change form submitted, if applicable Fax: (502) 564-4034 (attach confirmation to this form) | _____ | _____ |
| 4) AP information updated in computer | _____ | _____ |
| 5) PR information updated in computer | _____ | _____ |
| 6) <u>Certified Employees:</u> Name/Address changes only: Fax: KTRS (502) 573-0199 (attach confirmation to this form) | _____ | _____ |
| Classified Employees: Name/Address changes only: Fax: KERS (502) 696-8822 (attach confirmation to this form) | _____ | _____ |

ROUTE TO:

- ___ HR & Payroll/Amanda Eldridge
- ___ AP/Shirley Hanna
- ___ Infinite Campus/Tamela Smallwood
- ___ Technology/Becky Epperson
- ___ PBIS/Safe Schools/Claudette Herald
- ___ PR/Danielle Haley

New email address: _____