

DUNCANVILLE INDEPENDENT SCHOOL DISTRICT

NAME or ADDRESS CHANGE FORM

Employee Name

Social Security Number

Campus/Department

Current Employee Former Employee

paid - Monthly

paid - Bi-weekly

paid - Substitute

PRESENTLY ON FILE	CHANGE TO
*(Former name if name change) Name: 	*Name change must be done in the Payroll Office. <u>MUST</u> bring updated social security card in order to submit change. Name:
Address: 	Address:
Phone: 	Phone:

Marital Status (change only): Single Married Divorced Widowed

I wish to release the above information under the Public Information Act.

I do not wish to release the above information under the Public Information Act.

Employee Signature _____ Date _____

- Entered _____
- I-9 (for name change)
- Copy to Personnel
- Copy to Benefits