



EDEN PRAIRIE SCHOOLS
Inspiring each student every day

EDEN PRAIRIE SCHOOLS
CHANGE OF EMPLOYEE PERSONAL INFORMATION

EFFECTIVE DATE OF CHANGE: _____

NAME: _____

CURRENT ASSIGNMENT: _____

NEW NAME: _____
(Bring your new Social Security Card to HR to complete name change)

NEW ADDRESS: _____

NEW PREFERRED PHONE #: _____

NEW EMERGENCY CONTACT NAME: _____

NEW EMERGENCY CONTACT PHONE #: _____

Employee's Signature

Date

Please send the completed form to Human Resources