

BROWNSVILLE INDEPENDENT SCHOOL DISTRICT



CHANGE OF PERSONAL DATA FORM

HUMAN RESOURCE DEPARTMENT
1900 E. PRICE RD., SUITE 106, BROWNSVILLE, TX 78521-2417
Certified Personnel Office (956) 548-8031, Fax (956) 548-8142
Classified Personnel Office (956) 548-8051, Fax (956) 504-5636
V/TDD 1-866-718-2525

DIRECTIONS (Please type or print legibly)

CERTIFIED CLASSIFIED

Full Name _____ Employee ID# _____

Work Location _____ Position _____

CHANGE OF NAME (This change requires the completion of an additional form (PEIMS-Change of Personal Information Form) and verification of name as printed on the original Social Security Card.)

Former name _____

Last name First name Middle name

New name _____

Last name First name Middle name

CHANGE OF MARITAL STATUS..... Married Single

CHANGE OF ADDRESS Public Private

Old Address _____ Apartment number _____

City _____ State _____ Zip Code _____

New Address _____ Apartment number _____

City _____ State _____ Zip Code _____

Please note: Your address will be used primarily to mail your summer salary checks and your tax withholding statement (W-2) at the end of the year.

CHANGE OF TELEPHONE NUMBER Public Private

Old Phone Number () _____

New: Primary Number () _____ Secondary Number () _____

CHANGE OF EMERGENCY INFORMATION Public Private

New contact person _____ Relationship _____

Home Phone () _____ Cell Phone () _____

Address _____ Apartment number _____

City _____ State _____ Zip Code _____

EMPLOYEE'S VERIFICATION

"I understand that any changes will supersede the information currently on file with the Human Resources Department and that unless indicated, 'PRIVATE,' my address, phone number, and personal information will be public information."

Employee's Printed Name

Employee's Signature

Date