## Name/Address Change

Kenton County School District Human Resources Department 1055 Eaton Drive Ft Wright, KY 41017 859-344-8888

Employee Name:					
Employee Number:					
Employee Location: Please check one:					
Certified: O Classifi	ied: O Substitute/Oth	her: O			
	nges cannot be made submitting this form	e without a copy of the	ne new Social S	ecurity Card.	
New Name:					
_					
Former Nam	e:				
Address Change:					
New Addres	s:				
	Street			-	
	City	State	Zip	<del></del>	
County of R	esidence:			_	
Former Address:					
	Street			_	
	City	State	Zip	_	
Personal Email Address:					
Phone Number:					

Benefits Information: Please check all benefits	s currently enrolled in, all agencies will be
notified of your change.  Health Insurance Retirement: O KTRS or Benefits Resource Group Plans Delta Dental Avesis Vision Other:	<u>CERS</u>
Employee Signature	Date
HR Signature	Date

Please return completed form to Human Resources