



**CHANGE OF
NAME/ADDRESS/TELEPHONE NUMBER**

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 copy of Social Security card reflecting the new name must be provided (name can't be changed on payroll records until this is received).

Employee Name (PLEASE PRINT)-if name change print former name here & new name below

Soc.Sec.#
Name Change: copy of card required

<input checked="" type="checkbox"/> <u>Type of Change</u> <i>(mark all that are changing)</i>	<u>Information</u> <i>(please complete address & telephone #, whether or not these are changing)</i>	<u>Effec. Date of Change</u>
<input type="checkbox"/> Name <i>(only for a name change)</i>	_____	_____
<input type="checkbox"/> Address	_____ _____	_____
<input type="checkbox"/> Telephone #	_____	_____

Employee Signature

Date Form Completed

FOR CENTRAL OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE.

<u>Date Received:</u>		<u>Initials</u>	<u>Date</u>
_____	1 Payroll information updated in MUNIS	_____	_____
	2 Health Ins. & Life Ins. Changed in KHRIS	_____	_____
	3 <u>Certified Employees:</u> Name/Address changes only Fax #	_____	_____
	4 <u>Classified Employees:</u> Name/Address changes only Fax #	_____	_____
	5 Updated information for IC	_____	_____
	6 AP information updated on computer	_____	_____
	7 Name Change Only: Change Personnel File Label	_____	_____
	8 Name Change Only: Notify Technology for e-mail	_____	_____

This form is to be filed in employee's personnel file when everyone has initialed.