

# Employee Change Form

Check appropriate box:     SUBSTITUTE     REGULAR EMPLOYEE

EMPLOYEE NAME (AS IT APPEARS ON YOUR PAYCHECK)			
LEGAL LAST NAME:			
LEGAL FIRST NAME:		LEGAL MIDDLE INITIAL:	
BIRTHDATE: <small>(MANDATORY FOR IDENTIFICATION):</small>		PERSONAL EMAIL:	
OLD ADDRESS:			
STREET ADDRESS:			
CITY:			
STATE:			
POSTAL CODE:			
NEW ADDRESS:			
STREET ADDRESS:			
CITY:			
STATE:			
POSTAL CODE:			
HOME PHONE NUMBER:		IS IT UNLISTED: <input type="checkbox"/> NO <input type="checkbox"/> YES	
CELL PHONE NUMBER:		IS IT UNLISTED: <input type="checkbox"/> NO <input type="checkbox"/> YES	
NEW SCHOOL DISTRICT OF RESIDENCE:			
SCHOOL DISTRICT #:			
WORK LOCATION:			
WORK SCHOOL DISTRICT:			
WORK BUILDING:			
NAME CHANGE:			
OLD LAST NAME:			
NEW LAST NAME:			

**\*\*A CHANGE OF NAME REQUEST CANNOT BE PROCESSED UNLESS IT IS ACCOMPANIED BY A SOCIAL SECURITY CARD THAT SHOWS PROOF OF THE NAME CHANGE\*\***

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Remit to:**    Stark County Educational Service Center  
                   6057 Strip Ave NW  
                   North Canton OH 44720  
                   Fax: 330.492.9141