

Name/Address Change
Campbell County Schools
Human Resources Department
101 Orchard Lane
Alexandria, KY 41001
(859) 635-2173

Employee Name: _____

Last Four of Social Security Number: xxx-xx-____ Employee Number _____

Please check one:

Certified: _____ Classified: _____ Substitute: _____

**Name Change: Changes cannot be made without copy of new Social Security Card.
Please attach when submitting this form.**

New Name: _____

Former Name: _____

Address Change:

New Address:

Street

City Zip

County of Residence: _____

Former Address:

Street

_____ *State*

_____ *Zip*

New Phone Number: _____

Benefits Information: Please check all benefits currently enrolled in, all agencies will be notified of your change.

_____ Health Insurance

_____ Group Life Insurance

_____ Retirement: _____ KTRS or _____ CERS

_____ Dental Insurance

_____ Vision Insurance

_____ American Fidelity Voluntary Plans

_____ Other

Employee Signature

Date

HR Signature

Date

***Please return completed form to the
Human Resources Department***