EMPLOYEE CHANGE OF ADDRESS/NAME

SHORELINE PUBLIC SCHOOLS

☐ Address Change ☐ Telephone/Cell Phone Change

☐ Name Change → ☐ **SOCIAL SECURITY CARD REQUIRED**
(Please bring card to HR.)

Effective Date of Change: _____

Submit this form to Human Resources.

You may also update your address through **Employee Access.**

Please provide all information below to accurately update your personnel and payroll records.

NAME: _____

PRIOR NAME *(If changing):* _____

LOCATION: _____ POSITION: _____

HOME ADDRESS: _____ CITY/ST/ZIP: _____

MAILING ADDRESS: _____ CITY/ST/ZIP: _____

PHONE NUMBERS: ***List in order of importance.***

#1 ☐ Home ☐ Cell ☐ Other _____ #2 ☐ Home ☐ Cell ☐ Other _____ #3 ☐ Home ☐ Cell ☐ Other _____

PERSONAL E-MAIL: _____

NOTE: ***Please list all family members at your old address, associated with Shoreline Schools. Please indicate if this change applies to them. If the change does not apply, please indicate reason.***

FAMILY MEMBER NAME	SCHOOL	PLEASE CHECK ONE	APPLY CHANGE?	REASON FOR NO CHANGE
		EMPLOYEE ☐ GUARDIAN ☐ STUDENT ☐	YES ☐ NO ☐	
		EMPLOYEE ☐ GUARDIAN ☐ STUDENT ☐	YES ☐ NO ☐	
		EMPLOYEE ☐ GUARDIAN ☐ STUDENT ☐	YES ☐ NO ☐	
		EMPLOYEE ☐ GUARDIAN ☐ STUDENT ☐	YES ☐ NO ☐	
		EMPLOYEE ☐ GUARDIAN ☐ STUDENT ☐	YES ☐ NO ☐	

AESOP INFORMATION: (SUBSTITUTES ONLY)

AUTOMATED CALL #: _____ ADDITIONAL CONTACT #: _____

EMPLOYEE SIGNATURE: _____ DATE _____

FOR INTERNAL USE ONLY:

HR: ❑ WESPaC Date: _____ ❑ WEA/Aon

UPDATED: 4/25/2017