



Change of Name/Address Notification

Employee ID Number _____ Campus _____

Name Change:

New Name _____

(As it appears on Social Security Card)

Former Name _____

Must provide copy of NEW Social Security Card and Driver's License

Address/Phone Number Change:

Employee Name _____

New Mailing Address

Address _____

Street Address or P O Box Number

City

State

Zip Code

Old Mailing Address

Address _____

Street Address or P O Box Number

City

State

Zip Code

New Phone Number: (____) _____ - _____

Old Phone Number: (____) _____ - _____

Signature _____

Date _____

Elgin ISD Payroll use only:

Date Received _____ Initials _____

Copy of SSC Copy of TX ID/Driver's License

Scan in color to Human Capital _____

Initials