Name/Address Change

Kenton County School District Human Resources Department 1055 Eaton Drive Ft Wright, KY 41017 859-344-8888

Employee Name:					
Employee Number:					
Please check one:	ed: O Substitute/Other				
			he new Social Security C	ard	
Name Change: Changes cannot be made without a copy of the new Social Security Card. Please attach when submitting this form.					
New Name:					
Former Name): 				
Address Change:					
New Address	:				
	Street				
	City	State	Zip		
County of Residence:					
Former Addre	ess:				
	Street				
	City	State	Zip		
Personal Email Address:					
New Phone Nu	ımber:				

<u> </u>	its currently enrolled in, all agencies will be
notified of your change. Health Insurance Retirement: KTRS or Benefits Resource Group Plans	CERS
Delta Dental Avesis Vision Other:	
Employee Signature	Date
HR Signature	Date

Please return completed form to Human Resources