Ouachita Parish School Board
P.O. Box 2957
West Monroe, LA 71294
P (318) 432-5000 ▪ F (318) 432-5222

Personal Information Change Request

Please use this form to make any changes of address, phone numbers, etc, throughout the school year. Delays in the central office receiving this information may affect the timeliness of your payroll check.

Date: _____ Social Security #:_____EIN:_____

Name: _____
Last First Middle Maiden

If you have had a name change, we must have a copy of your Social security card with your new name.

Complete only the blanks that have changed.

Address: _____
Street or P.O. Box City State Zip

Home Telephone: (___)_____ Cell/Other Phone: (___)_____

Martial Status: □ Married □ Single

Spouse Name: _____ Occupation: _____

Your Position: _____ Location: _____

Remarks: If any of the above information needs clarification, please do so below.

_____

_____

_____

_____

Signature_____ (Required)

Please return to PERSONNEL DEPARTMENT
Copies will be distributed to payroll, insurance, and retirement.

Payroll Insurance Retirement Sub