

LOWNDES COUNTY PUBLIC SCHOOLS

Employee's Personnel/Payroll Record Change Form

Name _____ PH# _____

Address _____
City _____ ST _____ Zip Code _____

PLEASE MAKE THE FOLLOWING CHANGES:

*NAME CHANGE _____
(Please provide a **copy of social security card** w/name change)

CHANGE OF ADDRESS _____

NEW PHONE # _____

**INSURANCE:

_____	name	cancel	change	amount
_____	name	cancel	change	amount
_____	name	cancel	change	amount

RSA: _____
increase decrease cancel

DIRECT DEPOSIT AUTHORIZATION: _____
cancel effective

PROFESSIONAL DUES: (cancel) _____
name effective

CREDIT UNION: _____
name cancel change amount

SICK LEAVE BANK MEMBERSHIP _____
cancel (EFFECTIVE JUNE 30th)

***EFFECTIVE DATE OF CHANGE _____

Signature _____

Date _____

****PLEASE DO NOT USE FOR CHANGES TO YOUR PEEHIP INSURANCE.**