

**Human Resources Department
Action Form
(Revised 6/24/25)**



This form is designed to assist employees in the New Kent County Public School system to make personal changes. Human Resources will notify Payroll, Technology and the school or the appropriate department of the official change(s).

Employee Information, please complete.

Name: _____ Phone: _____

Location: _____

Employee Changes, please select:

- Name Change:** *Employee's Social Security Card must reflect the name change.* Presentation of this original document will be required to update the employee's 1-9 form.

New Name (as listed on social security card): _____

Employees with life changes such as marriage, having a baby or simply adjusting their withholding amount, will be required to complete a new tax W-4 form.

- Address Change:**

New Address: _____

- Telephone Number Change:**

New Phone Number: _____

Employee Signature: _____ **Date:** _____

Central Office Only: Human Resources Technology Payroll

Date: _____ **Initials:** _____