



BUCKEYE LOCAL SCHOOLS

Change of Address/Name Form

EMPLOYEE NAME: _____ EFFECTIVE DATE: _____

PLEASE PRINT

**PLEASE PRINT ALL INFORMATION CLEARLY
SUBMIT TO PAYROLL FOR PROCESSING**

CHANGE OF ADDRESS

- Please email completed form to payroll@buckeyeschools.org.
- Once the Change of Address/Name Form is received, your address will be processed for the first pay period of the following month.
- Please review your first pay stub for the changes.

NEW ADDRESS

CITY

STATE / ZIP CODE

PHONE NUMBER

()

CHANGE OF NAME

- To make this change we need a copy of your **NEW Social Security Card** with your **correct new name**.
- **You are responsible** for notifying all other companies that you may have a payroll deduction (i.e., retirement system, credit union, annuity company, American Fidelity, etc.).
- Drop the form off **directly** to Bonnie Jeffries at the Board Office or email it to payroll@buckeyeschools.org.

EMPLOYEE'S PREVIOUS NAME

EMPLOYEE'S NEW NAME

EMPLOYEE SIGNATURE

DATE

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FOR TREASURER'S OFFICE USE ONLY

	INITIALS	COMPLETED
Accounts Payable		
Finder - Complete & Attached (Not needed for Name Change)		
Frontline		
Superintendent's Office		
Treasurer		

	INITIALS	COMPLETED
USPS/PayGrid/OSDI/Taxes		
BenXpress		
SIS (S. Lichy) (Name Changes Only)		
AF Comply (D. Cipro)		

INTERNAL: RETURN TO B. JEFFRIES