

PINELLAS COUNTY SCHOOLS
EMPLOYEE ADDRESS/NAME CHANGE FORM

*All employees must submit a new, signed social security card for a name change.
Bus Drivers must submit a copy of their updated CDL for an address change.*

Submit this completed form by emailing, with the appropriate document(s), to hnamechange@pcsb.org.
OR
[Click here](#) to complete an electronic form and upload your attachments.

Complete your current information:

I am a(n): ☐ Administrative Employee ☐ Instructional Employee ☐ Support Employee

Name: _____

School/Department Name: _____

Job Title: _____ Employee ID#: _____

Name Change

New Name (as it appears on new SS card): _____

A signed Social Security Card from the SSA is required for name changes. Receipts or old cards (if returning to a previous name) are not acceptable. Ensure your contributions are accurate by updating with SSA.

You will receive an email once your name change is processed, with instructions to complete the update.

Other items to update when changing your name:

- Retirement: Update beneficiaries with FRS at myfrs.com
- Teaching Certificate: Update with FLDOE at flcertify.fldoe.org
- Insurance Benefits: Contact Risk Management at 727-588-6197.

Address and Phone Number Change: You can change your address and phone number online faster through Employee Self-Service at <https://ess.pcsb.org/EmpSS/>, login and then click on Personal.

Bus Drivers must submit this form, paper or electronic, with a copy of their updated CDL.

Check one: ☐ Residence (required for all employees) or ☐ Mailing Address

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Employee Signature: _____ **Date** _____