BIBB COUNTY SCHOOL DISTRICT

Employee Name & Address Change Form

This form is used for name and/or address changes only. Other personal information, such as phone number(s) and emergency contact(s) can be updated in Employee Self Service.

Today's Date:

EMPLOYEE INFORMATION

Effective Date of Change:

Type: Choose One

Current Location: Choose One

Current Position:

Contact Phone Number:

Social/Employee ID#

Contact Email Address:

Current Last Name:

First Name:

MI:

☐ ADDRESS

Current Street Address:

Apartment Number:

Current City:

State:

Zip:

New Street Address:

New Apartment Number:

New City:

State:

Zip:

☐ NAME CHANGE

Upon completion of this form, please bring this form, along with a valid copy of your new social security card & marriage certificate or divorce decree to Human Resource @ 484 Mulberry St., Ste. 501, Macon GA 31201.

New Name (Last, First, Middle):

For Questions, contact Rebecca.Davis@bcsdk12.net or 478.765.8564

HUMAN RESOURCES ONLY

HR Staff Signature:

EID#

Date: