



## EMPLOYEE CHANGE OF PERSONAL INFORMATION

When you have a change in contact information, please provide the new information below and return it to the Treasurer's office. If you have a *name change*, a copy of your new social security card will be required.

### EMPLOYEE INFORMATION

Name \_\_\_\_\_

### TYPE OF CHANGE

Name                      home phone                      home address                      other(specify) \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

### NEW INFORMATION

Name \_\_\_\_\_ (Include documentation)

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Other Changes \_\_\_\_\_

If address change: Public School District of Residence (OSDI) \_\_\_\_\_

County \_\_\_\_\_ School District # \_\_\_\_\_

### EMPLOYEE APPROVAL

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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### FOR HR USE

Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ Initials \_\_\_\_\_