

# CHANGE OF NAME/ADDRESS/TELEPHONE NUMBER

## Marion County Public Schools

*Directions: Employee completes (and signs) this form when there is a change of name, address or telephone number. Please carefully follow all directions on this form. For a name change, a copy of Social Security card reflecting the new name must be provided (name can't be changed on payroll records until this is received).*

Employee Name (PLEASE PRINT)-if name has changed, print former name here & new name below

Soc.Sec.# (copy of card  
required for name change)

<input checked="" type="checkbox"/> <b>Type of Change</b> <i>(mark all that are changing)</i>	<b>Information</b> <i>(please complete address &amp; telephone #, whether or not these are changing*)</i>	<b>Effec. Date of Change</b>
<input type="checkbox"/> <b>Name</b> <i>(only for a name change)</i>	_____	_____
<input type="checkbox"/> <b>Address</b> <i>(must be completed*)</i>	_____ _____ _____	_____
<input type="checkbox"/> <b>Telephone #</b> <i>(must be completed*)</i>	_____	_____

*\*By completing the address and telephone # above, the employee will assist us in verifying that our records are accurate.*

Employee Signature

Date Form Completed

Worksites/Locations

Position(s)

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**FOR CENTRAL OFFICE USE ONLY—DO NOT WRITE BELOW THIS LINE.**  
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Date Received:

\_\_\_\_\_

- 1) PR information updated on computer
- 2) KHRIS
- 3) Infinite Campus
- 4) KTRS Employees: Name/Address changes only  
Fax # 502-573-0199
- 5) CERS Employees: Name/Address changes only  
Fax # 502-696-8822
- 6) AP information updated on computer

Initials

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This form is to be filed in employee's personnel file when everyone has initialed.*