



Human Resources Department
Personal Information Change Form

Please return the completed forms to the Human Resources Department

Employee

Substitute

Name (Please Print)

Social Security Number

Campus

_____ **Check here if this form is being used to report a Name Change.**
(Completion of a new W-4 form is required for a name change)

Former name as it appeared on district records

New name as it is to appear on district records

_____ **Check here if this form is being used to report a change of address and/or telephone number.**

Address Change Effective Date: _____

Street Address

City, State, Zip Code

Area Code Telephone Number

Cell/Alternate #

_____ **Check here if this form is being used to report an e-mail change.**

New e-mail address

Signature

Date