



Chesterfield County Public Schools

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EMPLOYEE PERSONAL INFORMATION CHANGE FORM

Please print clearly.

Name		Employee ID#	
School/Department		Position/Title	

PLEASE MAKE THE FOLLOWING CHANGE(S):

New Name _____

Attach a copy of your updated Social Security Card to this form. **Name changes will not be processed without the updated Social Security Card. Once the name change has been processed, your email address will be updated and a new employee ID badge will be created and mailed to your school or department.*

New Address or Phone Number

Street Address				
City		State		Zip
Primary Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell	Secondary Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell	

New Marital Status ___ Married ___ Single

Emergency Contact

Name		Relationship	
Primary Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Alternate Phone #	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

Employee Signature Required

Date

CHESTERFIELD COUNTY PUBLIC SCHOOLS
9900 Krause Road, Chesterfield, VA 23832
Phone 804.748.1984 Fax 804.768.1085



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RETURN COMPLETED FORM TO: DEPARTMENT OF HUMAN RESOURCES - SYSTEMS

Statement of Disclosure

Chesterfield County Public Schools respects your privacy and personal information and treats it as confidential. Information is used only as allowed by federal/state law and school division policy and solely for the purposes for which it is disclosed. Information is securely stored with access limited to authorized personnel.

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