

NOTIFICATION OF CHANGE IN PERSONAL INFORMATION

Please fill out the form below for the appropriate change. **You must bring this form with you to the CEC to complete the following forms.**

TRS members – TRS Membership Information Record form

IMRF members – Member Information Change Form

If covered under district's insurance program - Change Form for Group Health/Dental Plan

For name changes - I-9 form. Please bring proof of name change with you.

PLEASE PRINT

Employee Name _____ Social Security # _____

Building _____ Position _____

Notification of change is for: Name _____ Address _____ Telephone _____

Please print new information below:

Name _____

Street _____

City _____ County _____ Zip Code _____

Telephone (____) _____

Check _____ if you **do not** want your telephone number in the Personnel Directory.

Effective Date _____ Signature _____

.....
(For Crouse Education Center Use Only)

Received by Payroll Department _____

Received by Human Resources Department _____