MAURY COUNTY PUBLIC SCHOOLS EMPLOYEE INFORMATION CHANGE FORM

Employee Name:			Work Location:			
Job Title:		S	Social Security Number:			
Mark Appropria	te Area(s) of Change	2:				
*Name	Address	Phone No	**N	Marital Status		
Complete Applica	able Information Be	low:				
*New Name:						
	Last	First	Middle	Ma	aiden	
New Address:	Standat			Ctata	Zin Codo	
	Street	Ci	ty	State	Zip Code	
New Phone No:						
**New Marital Sta If the change in	atus: volves a marriage, lis	t the following	information:			
Name of Spouse:			Birth Date of Spouse:			
Person to contact i	in case of an emergen	cy (include nar	ne, relationship a	and phone no.)) :	
		Si	gned:			
	Employee					
		Da	ate:			

NOTE (For Licensed Personnel Only): It is your responsibility to notify the TN Teacher licensing Department regarding name and address changes

SEND TO: Human Resources Department at the Maury County Board of Education

Copies to: Human Resources Department; Payroll Department; Insurance Department

^{*}A Social Security card reflecting the new name must be presented to the Human Resources Department before a name change can be made in your personnel file, pay check, etc.

^{**}If you marital status has changed please make appropriate inquiries at the Central Office regarding: life insurance and retirement beneficiaries, health insurance coverage and number of dependents claimed on W-4 form.