

CHANGE OF NAME AND/OR ADDRESS FORM

Change of Name

Emp #: _____ Current Worksite: _____

Old Name: _____
(as it appears on old social security card)

New Name: _____
(as it appears on new social security card)

Signature: _____

IMPORTANT: A COPY OF YOUR **NEW SOCIAL SECURITY CARD** SHOWING
YOUR NAME CHANGE MUST ACCOMPANY THIS FORM!!

Change of Address

Emp #: _____ Current Worksite: _____

Name: _____
(as it appears on social security card)

Old Address: _____

New Address:

New Phone #: _____

Signature: _____

IMPORTANT: Any change of address should also be reported to the
Teachers' Retirement System of Alabama. A form is
available online at www.rsa-al.gov to report this change.

Return this form to:

Baldwin County Public Schools
Payroll Department
2600 North Hand Avenue
Bay Minette, AL 36507