

This Adobe form contains fill-in fields that may be completed on screen. Use the Hand tool to find them. Use Tab to move from one to the next. Once completed the form may be printed out using File >> Print. You can also send by school mail to the payroll department and include a copy of your new Social Security card for a name change.

WARREN COUNTY PUBLIC SCHOOLS Name/Address Change Form

Name or address changes may not be verbal. It is vital that you complete this form accurately. If you have a name change to report, you must attach a copy of your Social Security Card.

EMPLOYEE NUMBER _____

EMPLOYEE NAME (new name if changed) _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

EFFECTIVE DATE OF CHANGE _____

CERTIFIED

CLASSIFIED

NATURE OF CHANGE

NAME CHANGE: (Send copy of Social Security Card for Name Change)

New Last Name _____

First Name: _____ Middle Initial: _____

Previous Name: _____

New Marital Status

Old Marital Status

ADDRESS CHANGE:

Old Address: _____

New Address: _____

Phone Number: _____

WCPS OCC. TAX

YES I live in the Warren County School District

NO I do not live in the Warren County School District

Please return this form to the Payroll Department. This form updates the Personnel, Payroll and Benefits Departments. This change does not update optional benefits (Vision, Dental, Colonial, etc.)