

# Employee Change Form



Employee

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Social Security

Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

## TYPE OF CHANGE

*Please check all that apply*

- Address
- Phone Number
- Emergency Contact

- Marital Status
- Name Change

*Please see below for additional documentation that must be submitted with your request.*

**Please print clearly. THE FOLLOWING CHANGES REQUIRE SUBMISSION OF A NEW CITY/SDIT TAX FORM.**

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) Cell #: ( \_\_\_\_\_ )

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: ( \_\_\_\_\_ )

Emergency Contact Relationship: \_\_\_\_\_

***THE FOLLOWING CHANGES REQUIRE SUBMISSION OF A NEW W-4, NEW INSURANCE ENROLLMENTS IF APPLICABLE, AND A COPY OF THE LEGAL DOCUMENTATION WITH THIS CHANGE REQUEST FORM.***

**Marital Status:**                      Single                      Married                      Widowed                      Divorced

**Name Change:**

*This should be your name as it appears on your Social Security card. You must also include a copy of your Social Security card with this request in order for the change to be processed.*

Original Name: \_\_\_\_\_

New Legal Name: \_\_\_\_\_

Employee  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Return completed form to the Superintendent's office along with any other required forms/documentation.**