

Today... and ...



in the **Future**

# INFORMATION CHANGE FORM

TO BE COMPLETED AND SUBMITTED BY EMPLOYEE  
AS SOON AS POSSIBLE WHEN CHANGE OCCURS

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

- Change to be made:  ADDRESS CHANGE  
 TELEPHONE NUMBER CHANGE  
 NAME CHANGE (SOCIAL SECURITY CARD MUST BE PRESENTED AT THE SERVICE CENTER FOR PHOTOCOPYING)

- Employee category:  Teacher  Buildings & Grounds  
 Principal/Administrator  Child Nutrition  
 Paraprofessional  Substitute  
 Clerical/Office  Other \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

If name change, previous name was: \_\_\_\_\_

SOCIAL SECURITY NUMBER (REQUIRED): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**NEW ADDRESS:** Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_

**NEW PHONE NUMBER:**

Cell Phone: (_____) _____ - _____	<u>Unlisted?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Long-distance from Fort Smith?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone: (_____) _____ - _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

➔ **EMPLOYEE SIGNATURE (REQUIRED):** \_\_\_\_\_

**Send signed form to:  
HUMAN RESOURCES, SERVICE CENTER**

Note: Form will be routed to other departments; please do not send duplicates.

<b>THIS SECTION IS FOR SERVICE CENTER USE, ONLY</b>	
_____	HUMAN RESOURCES
_____	PAYROLL
_____	PURCHASING
_____	INSTRUCTION
_____	SUPERINTENDENT'S OFFICE
_____	DEPUTY SUPT.'S OFFICE