CHANGE OF NAME/ADDRESS/TELEPHONE NUMBER

MERCER COUNTY SCHOOLS

<u>DIRECTIONS:</u> Employee completes (and signs) this form when there is a change of name, address, or telephone number. Please carefully follow all directions on this form. For a name change, a Social Security card reflecting the new name must be provided.

Employee Name (PLEASE PRI	NT)-if name has changed, print <u>former</u> name here & new name below	Soc. Sec. # RI	EQUIRED
X Type of Change (mark all that are changing)		Eff. Date	of Change
Name (only for a name change)			
Address (must be completed*)			
Telephone # (must be completed*) * By completing the address and teleph	none # above, the employee will assist us in verifying that our records are accurate.		
By completing the uturess and teleph	ione # above, the employee wat assist as in vertying that our records are accurate.		
Employee Signature	Date Form Completed		
Worksites/Locations	Position(s)		
FOR CEN	TRAL OFFICE USE ONLYPLEASE DO NOT WRITE BELOW THIS	LINE Initials	Date
Date Received	1) Personnel Notified		
	Health insurance change form submitted, if applicable KHRIS System		
	Life insurance change form submitted, if applicable KHRIS System		
	4) AP information updated in computer		
	5) PR information updated in computer		
ROUTE TO:	6) <u>Certified Employees</u> : Name/Address changes only: Fax: KTRS (502) 848-8599 (attach confirmation to this form)		
Personnel (TR) Accounts Payable (KB)			
Payroll Clerk (TL)Benefits (HC)	Classified Employees: Name/Address changes only: Fax: KERS (502) 696-8822 (attach confirmation to this form)		

**SSN IS REQUIRED ABOVI