

Avondale Schools
EMPLOYEE CHANGE OF NAME, ADDRESS, OR PHONE NUMBER

This form is for name, address, telephone number and/or email address changes only!

NAME: _____

**DISTRICT ID # or
 LAST 4 OF SSN:** _____

WORK LOCATION: _____

POSITION: _____

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> NAME CHANGE* | My Former Name Is: _____ My New Name Is: _____ |
| I have presented the following REQUIRED documents as verification of my Name Change (check all that apply): | |
| <input type="checkbox"/> Updated Driver's License <input type="checkbox"/> Updated Social Security Card <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Divorce Decree | |

| | | | | | | | |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|------------------|--|------------------|--|
| ADDRESS CHANGE** | | | | | | | |
| My New Address Is: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Street</td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="padding: 2px;">Apt/Lot/Building</td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="padding: 2px;">City, State, Zip</td></tr> <tr><td style="height: 20px;"> </td></tr> </table> | Street | | Apt/Lot/Building | | City, State, Zip | |
| Street | | | | | | | |
| | | | | | | | |
| Apt/Lot/Building | | | | | | | |
| | | | | | | | |
| City, State, Zip | | | | | | | |
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|------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> PHONE # UPDATE | My New Cell Phone # Is: _____ My New Home Phone # Is: _____ |
|------------------------------------------------|----------------------------------------------------------------|

SIGNATURE: _____ **DATE:** _____

PLEASE BRING THIS FORM AND ALL ORIGINAL ITEMS TO HUMAN RESOURCES TO BE PHYSICALLY REVIEWED & COPIED FOR PROCESSING.

*NAME CHANGES REQUIRE A CURRENT AND ORIGINAL SOCIAL SECURITY CARD, DRIVER'S LICENSE, & MARRIAGE CERTIFICATE/DIVORCE DECREE (IF APPLICABLE) IN ORDER TO BE PROCESSED

**ADDRESS CHANGES REQUIRE A CURRENT AND ORIGINAL DRIVER'S LICENSE IN ORDER TO BE PROCESSED

 System Updated by: _____ Date: _____

Payroll/Accounting
 Benefits
 Personnel File