



Personal Information Change Form

Complete Sections 1, 2 and 3; sign and submit to the Administration Center.

SECTION 1 – EMPLOYEE INFORMATION (Please print or type):

Name: _____

Job Title/Position: _____

Building/Department: _____

Date change is effective: _____

SECTION 2 – TYPE OF CHANGE: (Check all that apply)

Legal name*	Birth of a child	Number of dependents**
Address	Telephone	Physician
Beneficiary***	Emergency Contact Number	
Marital status (for marriage, copy of certificate is requested)**		
Bank (for employees paid on the 25 th of the month-attach voided check)		
Other:		

*May require copy of legal documentation

**W-4 may need to be completed for payroll

***May require new PERA form be completed

SECTION 3 – NEW INFORMATION (Please print or type):

Employee Signature: _____ Date: _____

Immediate Supervisor/Principal: _____ Date: _____

SECTION 4 – CENTRAL OFFICE PROCESSING

HR – Date: _____

Payroll – Date: _____