

CHANGE OF NAME/ADDRESS/PHONE NUMBER

JESSAMINE COUNTY BOARD OF EDUCATION

DIRECTIONS: Employee completes (and signs) this form when there is a change of name, address or phone number.

For a name change, a Social Security card reflecting the new name must be provided.

Employee Name (PLEASE PRINT) – if name has changed, print former name here & new name below _____

Soc Sec # _____

Type of Change

Information

Eff Date of Change

Name Change _____

Address Change _____

Phone# Change _____

Employee Signature _____

Date form completed _____

Work Location _____

Job Position _____

FOR CENTRAL OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

CHANGES MADE IN:

ADDRESS CHANGES		NAMES CHANGES ONLY	
	MUNIS		AESOP
	KHRIS		MSS
	AMERICAN FIDELITY		COPY TO DTO
	DELTA DENTAL		COPY TO KATHY
	EYEMED		
	MAILED TO RETIREMENT		
	COPY TO FINANCE		