



Jessamine
County
Schools

CHANGE OF NAME/ADDRESS/PHONE NUMBER

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 #

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	
<input type="checkbox"/>	MUNIS	<input type="checkbox"/>	AESOP
<input type="checkbox"/>	KHRIS	<input type="checkbox"/>	
<input type="checkbox"/>	AMERICAN FIDELITY	<input type="checkbox"/>	COPY TO DTO
<input type="checkbox"/>	DELTA DENTAL	<input type="checkbox"/>	COPY TO HR
<input type="checkbox"/>	EYEMED	<input type="checkbox"/>	
<input type="checkbox"/>	COPY TO FINANCE	<input type="checkbox"/>	