

BRAZOS INDEPENDENT SCHOOL DISTRICT - EMPLOYEE CHANGE FORM

EMPLOYEE
NAME: _____

TODAY'S
DATE: _____

EMPLOYEE NUMBER: _____

EFFECTIVE
DATE: _____

<u>TYPE OF CHANGE</u> <i>Please check all that apply.</i>	
<input type="checkbox"/> ADDRESS	<input type="checkbox"/> MARITAL STATUS**
<input type="checkbox"/> PHONE NUMBER(S)	<input type="checkbox"/> NAME CHANGE**
<input type="checkbox"/> EMERGENCY CONTACT	
 <i>**Please see below for additional documentation that must be submitted with your request.</i>	

Please print clearly.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

CELL PHONE: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

EMERGENCY CONTACT RELATIONSHIP: _____

THE FOLLOWING CHANGES REQUIRE SUBMISSION OF A NEW W-4 AND COPY OF THE LEGAL DOCUMENTATION WITH THE CHANGE REQUEST FORM.

MARITAL STATUS: SINGLE MARRIED WIDOWED DIVORCED

NAME CHANGE:

THIS SHOULD BE YOUR NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD. YOU MUST ALSO INCLUDE A COPY OF YOUR SOCIAL SECURITY CARD WITH THIS REQUEST IN ORDER FOR THE CHANGE TO BE PROCESSED.

ORIGINAL NAME: _____

NEW LEGAL NAME: _____

EMPLOYEE SIGNATURE: _____	DATE: _____
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