

BRAZOS INDEPENDENT SCHOOL DISTRICT - EMPLOYEE CHANGE FORM

EMPLOYEE
NAME: _____

TODAY'S
DATE: _____

SOCIAL SECURITY
NUMBER: _____

EFFECTIVE
DATE: _____

TYPE OF CHANGE

Please check all that apply.

- | | |
|--|---|
| <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 | |

***Please see below for additional documentation that must be submitted with your request.*

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: _____
