EMPLOYEE CHANGE REQUEST FORM

DIRECTIONS: Employee is to complete (and sign) this form when there is a change of name, address, or telephone number. *For a name change, a Social Security card reflecting the new name must also be submitted.*

Please submit completed form to the Human Resources Department at the Central Office (Attn: Sharon).

Employee Name		Employee Number	SS # (copy of card required for name change)		
YPE OF CHANGE:	NEW INFOR	<u>:MATION</u>	Ē	FFECTIVE DATE	OF CHANGE
heck/complete <u>all</u> that apply)	\bigcup			\int	
NAME (only for name change)					
(****, *** *******					
ADDRESS (must be completed) *	(Mailing Address if P O Box)				
	(Physical Address)			State	Zip
TELEPHONE # (must be completed) *	Home		Cell		
site / Location			Position		
FOR C	ENTRAL OFFICE US	SE ONLY – PLEASE D	O NOT WRI	TE BELOW	THIS LINE
FOR C	ENTRAL OFFICE US	E ONLY – PLEASE D	O NOT WRI	TE BELOW '	THIS LINE Date
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	ENTRAL OFFICE US		pdated		
	ENTRAL OFFICE US	1) Personnel Information u	pdated dated		
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	EENTRAL OFFICE US	 Personnel Information up MUNIS Information up AP information updated 	pdated dated l orm submitted		
	EENTRAL OFFICE US	1) Personnel Information up 2) MUNIS Information up 3) AP information updated 4) KTRS Name/Address for	apdated dated d orm submitted orm submitted		
	ENTRAL OFFICE US	1) Personnel Information up 2) MUNIS Information up 3) AP information updated 4) KTRS Name/Address for 5) CERS Name/Address for	apdated dated d orm submitted orm submitted		
DATE RECEIVED		1) Personnel Information up 2) MUNIS Information up 3) AP information updated 4) KTRS Name/Address for 5) CERS Name/Address for 6) Health/Life Insurance for	apdated dated d orm submitted orm submitted		
	Payroll	1) Personnel Information up 2) MUNIS Information up 3) AP information updated 4) KTRS Name/Address for 5) CERS Name/Address for 6) Health/Life Insurance for	apdated dated d orm submitted orm submitted		