

USD #445 Coffeyville Schools
Personnel Address/Name/Email Change Form

Please fill out those sections in the "original" and "New" areas that need changed to your payroll information.

Employee Name: _____

Social Security No: _____ - _____ - _____ Employee ID No: _____

Original Info:

_____ *Address (Street)*

_____ *City* _____ *State* _____ *Zip*

_____ *Email Address*

_____ *Phone Number*

New Info:

_____ *Address (Street)*

_____ *City* _____ *State* _____ *Zip*

_____ *Email Address*

_____ *Phone Number*

Name Change to: _____

Reason for Name Change: _____

Note: Marriage License, Social Security Card, and Driver's license must be attached for name change.

Employee Signature: _____ Date: _____

Please mail or fax completed form to:

USD 445 Coffeyville

Attn: Payroll Dept.

615 Ellis, Coffeyville, KS 67337

Fax: 620-252-6807

Payroll Use Only

Approved by: _____ Date Entered: _____