



Lemoore Elementary School District

Employee Change Form

Employee Name: _____

PRINT CLEARLY IN BLACK INK		
<input type="checkbox"/> Name Change	<u>Old Name(s)</u> _____ Last Name, First Name Social Security #XXX-XX-_____ _____	<u>New Name(s)</u> _____ Last Name, First Name
<input type="checkbox"/> Address Change	<u>Old Address</u> _____ Street _____ City / State / Zip	<u>New Address</u> _____ Street _____ City / State / Zip
<input type="checkbox"/> Phone Change	<u>Old Phone</u> _____ Phone Number	<u>New Phone</u> _____ Phone Number
<i>I hereby request that the following changes be made to my personal information.</i>		
Signature _____		Date _____

NOTE: If you are requesting a name change, you must provide a copy of your social security card and Driver license with the new name on it. Due to audit regulations and IRS laws, no changes are to be made to your records until this documentation is received by the District Office.

Completed forms should be returned to the Human Resources Department at the District Office