

Logansport Community School Corporation
Change of Address and/or Name

Employee Payroll ID # _____

Name _____ Former Name _____

New Address _____

City _____ State _____ Zip _____ County _____

Telephone _____

Date _____

For Office Use Only:

- | | | | | |
|--|------------------------------------|----------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Insurance | <input type="checkbox"/> Payroll | <input type="checkbox"/> Doculivery | <input type="checkbox"/> Accts Pay |
| <input type="checkbox"/> Database/EMP Card | | | | |
| <input type="checkbox"/> Komputrol | | | | |
| <input type="checkbox"/> Technology | | | | |
| <input type="checkbox"/> Stanley | | | | |
| <input type="checkbox"/> Labels | | | | |
| <input type="checkbox"/> Kelly Services | | | | |
| <input type="checkbox"/> Date | | | | |
| <input type="checkbox"/> SPN Site | | | | |
| <input type="checkbox"/> Posting List | | | | |