

## George County School District - Employee Change of Contact Information Form



✦ **Instructions:** Use this form to update your contact information. Submit the completed form to the Human Resources Department as soon as possible after any changes.

### **Employee Information**

- **Full Name:** \_\_\_\_\_
- **Employee ID (if applicable):** \_\_\_\_\_
- **Position/Title:** \_\_\_\_\_
- **School/Department:** \_\_\_\_\_

### **Updated Contact Information**

Please complete only the sections where information has changed.

#### **Phone Number**

- ☐ New Primary Phone Number: \_\_\_\_\_
- ☐ New Alternate/Cell Number: \_\_\_\_\_

#### **Address**

- ☐ New Street Address: \_\_\_\_\_
- **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

#### **Email Address**

- ☐ New Personal Email Address: \_\_\_\_\_
- ☐ New Work Email Address (if applicable): \_\_\_\_\_

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### **Employee Authorization**

I certify that the information provided above is accurate and that I am requesting these changes to ensure my contact records are up to date.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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 **HR Use Only** Date Received: \_\_\_\_\_ Updated in System By: \_\_\_\_\_

- Date Entered: \_\_\_\_\_