

# GEORGE COUNTY SCHOOL DISTRICT - EMPLOYEE INFORMATION UPDATE FORM

**Purpose:** Use this form to update your personal contact information (phone number, personal email, and address). If you are requesting a **name change**, please read the instructions carefully below.

## SECTION 1: EMPLOYEE INFORMATION

**Full Name** (as currently listed in district records): \_\_\_\_\_

**Employee ID or Last 4 of SSN:** \_\_\_\_\_ **Department/School:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**SECTION 2: UPDATED CONTACT INFORMATION--** Please complete only the sections that need to be updated.

**New Phone Number:** \_\_\_\_\_

**New Personal Email Address:** \_\_\_\_\_

**New Physical Address:** Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**New Mailing Address (if different):** Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## SECTION 3: NAME CHANGE REQUEST

**New Legal Name:** \_\_\_\_\_

**IMPORTANT:** All name change requests **must include a copy of your updated Social Security card** showing the new legal name. Your name **will not be updated in the district's system** until the Social Security card is received and verified by the Human Resources Department.

**Reason for Name Change:**

☐ Marriage    ☐ Divorce    ☐ Legal Name Change    ☐ Other: \_\_\_\_\_

**Documentation Attached:**

☐ Updated Social Security Card (Required)    ☐ Other Supporting Documentation (Optional): \_\_\_\_\_

**SECTION 4: EMPLOYEE SIGNATURE** - I certify that the above information is true and accurate. I understand that my name will not be changed in district records until the required documentation has been received and verified.

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

## SECTION 5: HUMAN RESOURCES & PAYROLL USE ONLY

**Received by:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_ **Verification Completed by:** \_\_\_\_\_