

DAVIESS COUNTY PUBLIC SCHOOLS
Status Change Form

Any change in name or address must be in writing. It is vital that you complete this form accurately. If you have a name change to report, you must attach a copy of your updated Social Security Card.

EMPLOYEE #: _____
(This number is located in the top left corner of your pay stub)

EMPLOYEE NAME: _____
(New name if name has changed)

SOCIAL SECURITY NO: _____

DATE OF BIRTH: _____

EFFECTIVE DATE OF CHANGE: _____

CERTIFIED: _____ **CLASSIFIED:** _____

NAME CHANGE:

Last Name: _____
(New Last Name)

First Name: _____ **Middle Initial:** _____

Previous Name: _____

ADDRESS CHANGE:

Old Address: _____

Old Phone Number: _____

Old E-mail Address: _____

New Address: _____

New Phone Number: _____

New E-mail Address: _____

OTHER CHANGES: _____

Please return this form to the Julia Hobbs, Central Office. This form updates the Personnel, Payroll and Benefits Department.