

WHEATLAND SCHOOL DISTRICT

CHANGE OF NAME/ADDRESS FORM

Employee ID # _____

New Name: _____ (please print)		
New Address: _____		
City _____	State _____	Zip _____
New Phone#: _____		

Former Name: _____ (please print)		
Former Address: _____		
City _____	State _____	Zip _____
Former Phone#: _____		

EMPLOYEE SIGNATURE: _____ DATE: _____

- _____ COPY OF OFFICIAL DOCUMENT
(ie: marriage certificate, divorce document, adoption paper)
- _____ UPDATE COUNTY SYSTEM
- _____ UPDATE OFFER OF EMPLOYMENT
- _____ UPDATE PERSONNEL FILE
- _____ UPDATE PERSONNEL CARD
- _____ INPUT TO ACES-PERS only
- _____ UPDATE INSURANCE FORM
- _____ UPDATE KRONOS
- _____ UPDATE ON SUB SYSTEM
- _____ UPDATE ACCOUNTS PAYABLE

RECEIVED BY: _____

DATE RECEIVED: _____