

**Warren City Schools**  
**EMPLOYEE INFORMATION CHANGE FORM**

When an employee changes his/her name, address or other identification data, this form **must** be completed and **returned to the Office of Human Resources** (Certificated Staff-Tracey Gabriele, Classified Staff-Debbie Ball).

Please indicate with an "X" the type of change:

Address  **Name Change\*** (Please see below)  
 Telephone Number

**NEW:**

**NAME** \_\_\_\_\_ (\*If this is a **name change**, due to marriage, divorce or other legal reasons, we must have a copy of your **new social security card** with your name change before any District personnel records can be changed.) Please check if you would like your NEOMIN email account to reflect your new name change.  **Yes**  **No**

**ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **BUILDING:** \_\_\_\_\_

**EMAIL ADDRESS FOR DIRECT DEPOSIT:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_ **EFFECTIVE DATE OF CHANGE:** \_\_\_\_\_

If your change of address changes your city of residence, please mark here.

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

**OLD:**

**NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**EMAIL ADDRESS FOR DIRECT DEPOSIT:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_ **BUILDING:** \_\_\_\_\_

**This information will be forwarded to:**

Payroll	Personnel File
Benefits	PD Express and Aesop, if applicable
Disbursement Clerk	Data (Phone number changes ONLY)

**Please Note: It is the employee's responsibility to contact the retirement system (STRS or SERS) of any changes.**