MAURY COUNTY PUBLIC SCHOOLS
EMPLOYEE INFORMATION CHANGE FORM

Employee Name:_____ Work Location:_____

Job Title:_____ Social Security Number:_____

Mark Appropriate Area(s) of Change:

*Name ☐ Address ☐ Phone No. ☐ **Marital Status ☐

Complete Applicable Information Below:

*New Name:_____
Last First Middle Maiden

New Address:_____
Street City State Zip Code

New Phone No:_____

**New Marital Status:
If the change involves a marriage, list the following information:

Name of Spouse:_____ Birth Date of Spouse:_____

Person to contact in case of an emergency (include name, relationship and phone no.):

_____

_____

Signed:_____
Employee

Date:_____

*A Social Security card reflecting the new name must be presented to the Human Resources Department before a name change can be made in your personnel file, pay check, etc.

**If you marital status has changed please make appropriate inquiries at the Central Office regarding: life insurance and retirement beneficiaries, health insurance coverage and number of dependents claimed on W-4 form.

NOTE (For Licensed Personnel Only): It is your responsibility to notify the TN Teacher licensing Department regarding name and address changes

SEND TO: Human Resources Department at the Maury County Board of Education

Copies to: Human Resources Department; Payroll Department; Insurance Department