



Change of Employee Data/Status Form

Employee Name: _____

Building: _____ Tenure Area/Department: _____

Change of Name: Effective Date: ____/____/____
My name _____ changed to _____

Please use the name of _____ for all future
correspondence/record keeping/transactions on my behalf.

Change of Address/Telephone Number: Effective Date: ____/____/____
Street Address: _____
Town, State & Zip: _____

Telephone Number: (____) _____--_____

Change of Employee Status*: Effective Date: ____/____/____
From ____ Full Time To ____ Full Time
 ____ Part Time ____ Part Time
 ____ On- Call ____ On-Call
 ____ Began as Substitute ____ Completed Substitute Position
 ____ Start Leave of Absence ____ Return from Leave of Absence
 ____ Resignation ____ Retirement
 ____ Disability (W.C.) Began ____ Disability (W.C.) ended
Other (Please explain: _____

***A Completed Board Agenda form must accompany any of these changes.**

Please print Name of Preparer: _____ Signature of preparer: _____

Date Submitted: ____/____/____

Please forward this completed form to the Payroll Clerk in the Business Office at the Administration Building.

For Administrative Office use -
____ Received by Payroll Clerk Date: ____/____/____
____ Received by Personnel Office. Date: ____/____/____
____ Received by Technology Dept Date: ____/____/____