

# Walla Walla School District

## Employee Personal Information Change Form

**Employee Instructions:** This form is for changes to Name, Marital Status, Address and Phone Number and will update your information in Human Resources, Payroll, Accounts Payable and Retirement. Please complete the Additional Information section in addition to all other applicable sections so that information shared in Students Records, Payroll and Accounts Payable can be updated accurately. Return completed form to the Payroll Office.

### General Information (Required)

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Type of Change** (check all that apply):  **Name**     **Marital Status**     **Address**     **Phone Number**

### Name Change (Please attach a copy of your signed Social Security card reflecting the new name – Required)

Effective Date: \_\_\_\_\_

Former Name: \_\_\_\_\_

New Name: \_\_\_\_\_

### Marital Status Change (Please attach an updated W-4, if applicable)

Effective Date: \_\_\_\_\_

Former Status:     **Married**     **Single**

New Status:     **Married**     **Single**

**Other forms you may need to complete:** Medical, Dental & Vision forms (Payroll Office), VEBA ([www.veba.org](http://www.veba.org)), Retirement Beneficiary form ([www.drs.wa.gov](http://www.drs.wa.gov)), and any personal payroll deductions (TSA, AFLAC, Flex Plan, Credit Unions, Banks, etc.)

### Address Change

Effective Date: \_\_\_\_\_

Former Address: \_\_\_\_\_

New Address: \_\_\_\_\_

### Phone Number Change

Effective Date: \_\_\_\_\_

Which contact number?     1<sup>st</sup>     2<sup>nd</sup>     3<sup>rd</sup>

Former Phone #: \_\_\_\_\_

New Phone #: \_\_\_\_\_

### Additional Information (Required)

Does your spouse work for Walla Walla School District?

**Yes**     **No**

Spouse Name: \_\_\_\_\_

Change Spouse address?     **Yes**     **No**

Do you have children attending Walla Walla School District?

**Yes**     **No**

Child's Name(s): \_\_\_\_\_

Change Child's address?     **Yes**     **No**

Are you an emergency contact for any children attending Walla Walla School District?

**Yes**     **No**

Child's Name(s): \_\_\_\_\_

### Signature & Date (Required)

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_