



DEFOREST AREA SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT

EMPLOYEE NAME**/ADDRESS CHANGE FORM

Name Change Address Change Phone Number Change

Name: _____

Location: _____

Effective Date of Change: _____

New Name: _____

**** You cannot change your name until a social security card with your new name is submitted to Human Resources.**

NOTE: Please do not contact the Technology Department; Human Resources will submit a work order to have your network log-in information, including the work order system, e-mail and your phone display name changed.

Name change: Please also complete and attach a new W-4 form, available on our webpage and remember to contact (if applicable) Dean or Unity Health Insurance, WEA Trust (dental), WRS, and your TSA provider.

New Address/Phone:

Employee Signature: _____ Date: _____

Please submit this form to your School Secretary

Route to: 1. School Secretary _____

School Secretary please route to:

2. HR Admin Asst _____

DO Route to: 3. Accts Payable Clerk _____

4. Personnel File _____

For HR Department Use: ___ Work order completed ___ Skyward e-mail address updated