

Franklin County Schools
Personnel Changes

Social Security Number: _____ - _____ - _____

Name on File: _____

Change Name to: _____

A new social security card must accompany name change

Address on File: _____

New Address: _____

New Phone Number: _____

Change Number Of Checks from: _____ to _____

Change Check Location from: _____ to _____

Upgrade of Licensure from Type: _____ to _____

from Level: _____ to _____

Copy of new license to be attached

Other: _____

Employee's Signature

Date

Authorized Signature (Employer)

Date

Date Changed in Computer: _____ Date Sent to Finance Department: _____