

**Richmond Community Schools
Personal Information Change Form**

Please return this form to: Human Resources

Employee # _____

Last Name: _____ First Name _____ MI _____

Check all that you are changing:

Name Address/Phone Marital Status Emergency Contacts

ADDRESS/TELEPHONE CHANGE

Previous Address:

Street	City	State	Zip
--------	------	-------	-----

New Address:

Street	City	State	Zip
--------	------	-------	-----

Old Phone #: New Phone #:

NAME CHANGE

*(You must contact Human Resources Specialist [765.973.3420] within 30 days of marriage or divorce to complete insurance change forms) [*To change name in e-mail, you must complete a new Acceptable User Agreement.](#)*

Former Name:

Last	First	MI
------	-------	----

New Name:

Last	First	MI
------	-------	----

Single Married Separated Divorced Widowed Other

EMERGENCY CONTACT CHANGE

Primary:

Name	Relationship	Phone #
------	--------------	---------

Secondary:

Name	Relationship	Phone #
------	--------------	---------

Special Emergency Information: _____

AUTHORIZATION

I authorize my employer to make the appropriate changes to my employee data as noted on this form.

I have attached proper identification.

Employee's Signature

Date

For Human Resources Use Only- Actions

For name change, verify Social Security Card by: (Name) _____

- Change personnel file name
- Initiate New W4 Form
- Change One Call
- Copy to Human Resources Specialist
- Receptionist (I-9)
- E-mail to Payroll Support Clerk (Name/Address/Telephone changes only)

Human Resources Specialist – Actions

- Change benefits file name
- File copy
- Notify Dunn
- Notify American Fidelity/Texas Life

Med/Dental/Vision Eligibility _____

Beneficiary change: Life Retirement

NOTE: Marriage or divorce must be verified by a legal document (ie: marriage certificate or divorce decree)