

**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
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New Address:

Street	City	State	Zip
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Old Phone #: New Phone #:

NAME CHANGE

*(You must contact Benefit 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
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New Name:

Last	First	MI
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Single Married Separated Divorced Widowed Other

EMERGENCY CONTACT CHANGE

Primary:

Name	Relationship	Phone #
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Secondary:

Name	Relationship	Phone #
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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
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See back for verifications

For Human Resources Use Only- Actions

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

- Change personnel file name
- File original
- Change One Call
- Copy to Benefits Specialist
- Receptionist (I-9)
- E-mail to Payroll Support Clerk (Name/Address/Telephone changes only)

Benefit Specialist – Actions

- Change benefits file name
- File copy
- Notify Dunn

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)