



EAST POINTE COMMUNITY SCHOOLS

ADDRESS/NAME CHANGE FORM RETURN TO HUMAN RESOURCES DEPARTMENT

NAME CHANGE TO: _____ FORMER NAME _____

PLEASE INCLUDE YOUR ID/SOCIAL SECURITY CARD FOR NAME CHANGE, PLAN TO COMPLETE AN UPDATED W-4

EMPLOYEE INFORMATION

LAST NAME, FIRST NAME	EMPLOYEE ID
NEW HOME ADDRESS OR P.O. BOX	CELL/HOME PHONE
NEW CITY, STATE, ZIP	ASSIGNED BUILDING
EMPLOYEE SIGNATURE	TODAY'S DATE
SOCIAL SECURITY NUMBER	
HR USE ONLY	HR USE ONLY
RECEIVED DATE:	CHANGED BY (INITIALS) & DATE

INSTRUCTIONS FOR ADDRESS CHANGE:

Please fill out the employee information ONLY and confirm the changes with a signature and date.

INSTRUCTIONS FOR YOUR NAME CHANGE:

If you are changing your name, please complete the form in its entirety to include your former last name. Name changes must be accompanied by your ID/SS Card in order to confirm your changes.

FORMS CAN BE EMAILED TO wendy.orris@eastpointeschools.org

