



South Kitsap School District

Human Resources

2689 Hoover Ave SE / Port Orchard, WA 98366-3013
(360) 874-7079 / (360) 874-7076 FAX

- ☐ CERTIFICATED
- ☐ CLASSIFIED
- ☐ SUBSTITUTE
- ☐ COACHING

EMPLOYEE CHANGE FORM Name, Address, Telephone, and/or Email Address

Directions:

Once this form is completed and signed, return to Human Resources through the mail, FAX, or email.

NAME	<input type="text"/>	SSN	<input type="text"/>
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Type of Change:	<input type="checkbox"/> NAME	<input type="checkbox"/> ADDRESS	<input type="checkbox"/> TELEPHONE	<input type="checkbox"/> EMAIL ADDRESS
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NEW NAME (Please attach a copy of new Social Security card.)

FIRST NAME	<input type="text"/>	MIDDLE NAME	<input type="text"/>	LAST NAME	<input type="text"/>
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Is name change the result of a change in marital status? ☐ YES ☐ NO EFFECTIVE DATE

If YES, contact Payroll Services to determine if changes to benefits or beneficiary are needed.

NEW ADDRESS

Mailing Address Change?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Street Address Change?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Address	<input type="text"/>	Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>	ZIP Code	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>	ZIP Code	<input type="text"/>

NEW TELEPHONE NUMBER/EMAIL ADDRESS

Primary Phone #	<input type="text"/>	Type of phone	<input type="text"/>	**Your primary phone number is the number SchoolMessenger will call.**
Secondary Phone #	<input type="text"/>	Type of phone	<input type="text"/>	
Personal Email Address:	<input type="text"/>			

WHERE DATA WILL NEED TO BE CHANGED:

- Are you a PARENT/GUARDIAN of a South Kitsap School District student? ☐ YES ☐ NO
- Are you an EMERGENCY CONTACT for a South Kitsap School District student? ☐ YES ☐ NO

Changes made to your employee record will be reflected in student's record.

Employee Signature	Date
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This **name/address change** is not forwarded to benefit providers. Please contact the appropriate benefit provider to report name/address change(s).

<input type="checkbox"/> USPS Standards Verified	HR Initials & Date of Change <input type="text"/>	<input type="checkbox"/> Skyward	<input type="checkbox"/> AESOP
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