



LINCOLN PUBLIC SCHOOLS

CHANGE OF NAME AND/OR ADDRESS (Please print or type)

Employee Name _____

New Name _____

(if applicable)

Date of Marriage _____

(if applicable)

Spouse's Name _____

(if applicable)

(Last name will be changed after submission of copy of new social security card)

New Address _____

City _____ State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Emergency Contact _____

Relationship _____

Phone () _____

(Signature of Employee)

(Date)

Please note that if you have had a change in family circumstances within the past 30 days (marriage, divorce, birth/adoption of a child, turning age 26), please contact the HR office immediately as you may be eligible to make a change to your health and/or dental insurance.

For H.R. Office use only: Entered into Phoenix system on _____(date)