

## EMPLOYEE INFORMATION CHANGE

TO: Fayette County Board of Education  
Payroll Department

SUBJECT: **NOTIFICATION OF EMPLOYEE PERSONAL INFORMATION CHANGE**

Date: \_\_\_\_\_

Name \_\_\_\_\_ ID# \_\_\_\_\_

Location \_\_\_\_\_

Position \_\_\_\_\_ Full time

Substitute

Please check the appropriate box of your personal information that has changed.

Name change

Address Change

Phone number change

All of the above

Old Name:  
\_\_\_\_\_

New Name:  
\_\_\_\_\_

Old Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Old Phone Number:  
\_\_\_\_\_

New Phone Number:  
\_\_\_\_\_

**Office Use Only:** PAYROLL  
ACCOUNTING  
PERSONNEL  
INSURANCE  
FOOD SERVICE  
TRANSPORTATION  
JASON BRAGG

Signature \_\_\_\_\_

Per phone \_\_\_\_\_