

West Ada School District

PERSONNEL / PAYROLL CHANGE FORM

PLEASE USE BLACK INK ONLY.

Employee ID # (current employee only):

--	--	--	--	--	--

LEGAL First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MI

--

Preferred Name (if any):

--	--	--	--	--	--	--	--	--	--	--	--

LEGAL Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Suffix:

--

Effective Date: _____ Date Submitted: _____ Current Building/School: _____

Name / Address Change

From

To

Name _____

Note: Any change of name requires proof that the name change has previously been registered with the Social Security Administration. Proof includes a new Social Security Card showing the change of name or the verification letter issued by the Social Security Administration.

Address _____

Telephone _____

Phone number changes will update your Absence Management username to your new phone number.

EMPLOYEE SIGNATURE

DATE

Salary /Grade Change

(For Office Use Only)

From

To

Salary Grade & Step _____

Account Code _____

School Bldg _____

Explanation _____

Emp Master

Pay Assgn Benefits

If Name Change:

Sub Placement I.T.

Principal/Supervisor's Signature _____

Date

HR Director's Signature _____

Date