

# Conroe Independent School District Telephone/Address/Name Change Form

Campus/Department \_\_\_\_\_

## Please Print

Name \_\_\_\_\_

Employee identification number \_\_\_\_\_

Address \_\_\_\_\_ Apt. number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone number (include area code) \_\_\_\_\_

Cell phone number (include area code) \_\_\_\_\_

Previous last name (complete only if requesting a name change) \_\_\_\_\_

**Return this form to the Human Resources Department.**

**Fax numbers: 936.709.9858 or 936.539.0534**

My signature authorizes this change to my personnel and payroll records.

**It is your responsibility to inform the Human Resources Department of any address/name change. Please use this form to submit changes for the following reasons:**

1. If your summer address is different from what appears on your check. (This form must be in Human Resources prior to the May 15th payroll.)
2. If you have had a name change, you will need to complete this form and supply a copy of your new social security card before any changes can be made.
3. If you have a change of address / phone number during the school year.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Effective change date