

ATLANTIC COMMUNITY SCHOOLS

PERSONAL DATA SHEET-CHANGE OF INFORMATION

In order to keep our records current, we request that you notify Central Office of any changes in personal information as soon as possible. Please print your name, position and site, along with the information that needs to be updated. Submit the completed form to Central Office.

***Please Note:** All files and documentation are listed under the name shown on the employee's Social Security Card. In order to effect a name change, a copy of your revised Social Security Card must be included with this form. In addition to this form, you may also want to update your W-4's, IPERS and Direct Deposit information.

Employee Name: _____ Position _____ Site _____

Copy of Social Security Card Attached for Name Change

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone: _____

Spouse/Significant Other Name in Full: _____

Person to contact in case of emergency: _____

Relationship to above: _____ Phone Number for above: _____

Effective Date of Change: _____

Signed: _____ Date: _____

Central Office Use Only:

____ Software Unlimited Updated

____ IPERS

____ Medical/Dental Insurance Information Updated

____ JMC Updated

____ Seniority / Staff List Updated

____ Frontline Updated

____ Salary Spreadsheet

____ Technology Request

____ Phone Directory