

Employee Demographics Change Form

Employee Number _____

School: _____

First Name: _____ M _____ Last: _____

Please check
Applicable
Boxes

Change My Name:

First Name Middle Last Name

Please Complete: [Health Insurance Personal Data Change Form](#)

Change My Address:

Street

City State, Zip

Please Complete: [Health Insurance Personal Data Change Form](#)

Change My Phone #s:

(_____) _____ (land line)

(_____) _____ (cell)

Please Complete: [Health Insurance Personal Data Change Form](#)

Change My Email Name:

Circle One: Immediately End of School Year

Change My IM Name:

Circle One: Immediately End of School Year

Change My PowerSchool Name:

Circle One: Immediately End of School Year

Change My Federal/State Tax
Status:

[Federal W-4 Form](#) [Virginia W-4 Form](#) [WV W-4 Form](#)

Change My Direct Deposit
Account:

[Direct Deposit Form](#)

Change My Virginia Retirement
Beneficiary:

[VRS Plans 1 or 2 Beneficiary](#) [VRS Hybrid Plan Beneficiary](#)

Employee Signature _____

Date: _____

Please send this form and all attachments (if applicable) to the School Board Payroll Office.