



BROOKLYN CENTER COMMUNITY SCHOOLS EMPLOYEE INFORMATION CHANGE FORM

Date: _____

Employee's Name: _____

Employee's Position Title: _____

CHANGE OF MARITAL STATUS

New Status: _____ Married _____ Divorced _____ Widowed

Effective date of change in marital status: _____

CHANGE OF NAME

Former Name: _____

New Name: _____

Effective Date of Name Change: _____

You must also provide proof of the following:

- New teaching license applied for, if applicable
- New social security card applied for
- Complete a new W4 form

CHANGE OF ADDRESS OR PHONE NUMBER

New Address: _____

New Phone Number (include area code): _____

Effective date of address and/or phone number change(s): _____

CHANGE IN EMERGENCY CONTACT

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Please submit to Human Resources.