

CHANGE OF NAME/ADDRESS/TELEPHONE NUMBER

Rev. 02/12

Russellville Independent Schools

DIRECTIONS: *Employee completes (and signs) this form when there is a change of name, address, or telephone number. Please carefully follow all directions on this form. For a name change, a Social Security card reflecting the new name must be provided.*

Employee Name (PLEASE PRINT)-if name has changed, print former name here & new name below

Soc. Sec. #

<input checked="" type="checkbox"/> Type of Change <i>(mark all that are changing)</i>	<u>Information</u> <i>(please complete address & telephone #, whether or not these are changing*)</i>	<u>Eff. Date of Change</u>
<input type="checkbox"/> Name <i>(only for a name change)</i>	_____ <i>(Copy of Social Security Card is required)</i>	_____
<input type="checkbox"/> Address <i>(must be completed*)</i>	_____ _____ _____	_____ _____ _____
<input type="checkbox"/> Telephone # <i>(must be completed*)</i>	_____	_____

* By completing the address and telephone # above, the employee will assist us in verifying that our records are accurate.

**You must contact any benefits you may have to update the information (Vision, Dental, Carpenter Center, etc.)*
Below are the links to print the Retirement Name/Address change forms, it is very important to notify them of any changes*

Certified Employees: To Change Name/Address with KY TEACHERS RETIRMENT
GO TO KTRS WEB SITE:
<http://ktrs.ky.gov/ktrsresources/MEMinfo/chgaddrnew.htm>
Form must be completed, signed, and mailed directly to KTRS

Classified Employees: To Change Name/Address with KY RETIREMENT SYSTEM
GO TO KRS WEB SITE:
<http://www.kyret.com/forms/form2040.pdf>
Form must be completed, signed, and mailed directly to KRS

Employee Signature

Date Form Completed

Worksites/Locations

Position(s)

FOR CENTRAL OFFICE USE ONLY--PLEASE DO NOT WRITE BELOW THIS LINE

Date Received

- | | | |
|--|-------|-------|
| 1) Personnel File updated | _____ | _____ |
| 2) Payroll information updated in MUNIS | _____ | _____ |
| 3) Health insurance change form submitted, if applicable | _____ | _____ |
| 5) Update name in Salary spreadsheet | _____ | _____ |

ROUTE TO:

___ Personnel Manager - (Completed Form to Personnel File)

___ Accounts Payable Clerk