Alachua County Public Schools

Division of Human Resources

EMPLOYEE INFORMATION CHANGE FORM

(PLEASE PRINT)

Employee:_____ _____
Last Name *First Name* *Middle Initial* *Employee ID No. or SS No.*

Work Location(s):_____ Position(s):_____

Change: ☐ Address ☐ Name (Attach copy of new Social Security Card) ☐ Phone ☐ Marital Status

FROM: _____ Home Phone:_____
_____ Cell Phone:_____
_____

TO: _____ Home Phone:_____
_____ Cell Phone:_____
_____ Marital Status: ☐ Single ☐ Married

For use by Human Resources ONLY:
Entered by:

Effective Date of Change:_____
Employee Signature:_____

Form No.: PER-819-023 – Employee Information Change Form / Current Employees / Change Request Forms
Revised Date: 10/22/20

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