



Flagler County Schools
Human Resources Department

Name/Address Change

Employee Name: _____ SSN: _____

New Name: _____
 (Name Changes require a completed W-4 and copy of new social security card)

Old Address: _____ Old Phone: _____

New Address: _____ New Phone: _____

Employee Signature _____ Date: _____

PLEASE RETURN FORM TO HUMAN RESOURCES

FOR HR USE ONLY

Date Rec'd _____ Rec'd By (Initials): _____ <input type="checkbox"/> SSN (Name Change Only) <input type="checkbox"/> W4 (Req'd for Name Change) <input type="checkbox"/> Input in NEFEC <input type="checkbox"/> DOE (Instructional Address Only) <input type="checkbox"/> Email Sent to Personnel <input type="checkbox"/> Copy to Benefits	HEALTH <input type="checkbox"/> Blue Cross/Blue Shield (Complete BCBS Change Form) <input type="checkbox"/> Florida Healthcare Plan (386.676.7137) DENTAL (803.264.7840) <input type="checkbox"/> Florida Combined Life VISION <input type="checkbox"/> Plan #207003 OTHER _____ _____ _____	FAXED <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Entered <input type="checkbox"/>
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