



# Flagler County Schools Human Resources Department

## Name/Address Change

Employee Name: \_\_\_\_\_

SSN (Last 4 digits) \_\_\_\_\_

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	<b>HEALTH</b> <input type="checkbox"/> United Healthcare  <b>DENTAL (803.264.7358)</b> <input type="checkbox"/> Florida Combined Life  <b>VISION</b> <input type="checkbox"/> Plan #207003 <input type="checkbox"/> AFLAC AT WORK  <b>OTHER</b> _____ _____ _____	<b>Entered</b> <input type="checkbox"/>  <b>Entered</b> <input type="checkbox"/>  <b>Entered</b> <input type="checkbox"/>
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