

HUMAN RESOURCES INFORMATION CHANGE FORM

- Complete only areas that need to be changed
- To change your name, you must have a (new) social security card with your new name (attach a copy to this form)
- If you change your name or address, you must complete a member information change form if you have health insurance w/MCPS – call Payroll & Benefits Office.
- If you need to change your state or federal tax exemptions, new W-4 forms must be completed. (A supply is located in each building office).
- If you wish to drop a voluntary deduction, an original letter from you stating name of the deduction, amount of the deduction and the payroll month it is to be discontinued must be submitted to the payroll/benefits office according to payroll cut-off and due dates*
- To add a payroll deduction, appropriate paperwork must be completed and submitted to the payroll office in a timely manner (i.e. add dependent to health insurance, begin or change a TSA deduction, begin credit union, etc.)
- If you have questions, please contact the payroll office at (540) 382-5127 or 5128

To change address:

NAME _____ School/location _____
Full legal name (please print)

ADDRESS _____ SS# _____
Mailing address

_____ Phone # _____
City/State/Zip

To change name:

PREVIOUS NAME _____
(Please print)

NEW NAME _____
(Please print - Attach a copy of "new" social security card)

SIGNATURE OF INDIVIDUAL
COMPLETING FORM _____/Date _____

Please print your name here _____

* Cut-off dates are normally the last working day of the month. All changes to be made must be in the payroll office no later than 5:00 p.m. on the due date as listed on the cut-off date memo. Items received later than 5:00 p.m. will be NOT be changed until the next payroll processing period.