

GRANT PARISH SCHOOL BOARD

ADDRESS CHANGE / NAME CHANGE:

Name: _____

ID#: _____

Location/Site: _____

Change Address To:

Change Phone Number To:

Home: _____
Cell: _____
Other: _____

Change Name To: **A name change must have documentation. Please attach a copy of your new social security card. If you have a teaching certificate, you must have the certificate changed first.

Print Name: _____

Employee/Substitute Signature: _____ Date: _____

Central Office Initials: _____

Original:

HR Department (Employees) [] JPAMS
 [] Employee File
Supt Secretary (Substitutes) [] Substitute File

Copy:

Payroll Accountant [] Munis
Benefits Coordinator [] Retirement
 [] OGB Insurance
Accounts Payable [] A/P Vendor Records