GRANT PARISH SCHOOL BOARD

ADDRESS CHANGE / NAME CHANGE: 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:______Date:______ Central Office Initials:_____ Original: HR Department (Employees) [] JPAMS [] Employee File Supt Secretary (Substitutes) [] Substitute File Copy: Payroll Accountant [] Munis [] Retirement Benefits Coordinator [] OGB Insurance Accounts Payable [] A/P Vendor Records