CHANGE OF NAME AND/OR ADDRESS FORM

Please type or print the information

Check one: Classified ☐ Substitute/Temporary ☐ Teacher ☐ Administrator ☐

Name:_____

Employee ID or Social Security No:_____

Work Location:_____

PWCS Email Address: _____ ☐ This is an updated email address.

NAME CHANGE: *Documentation such as a copy of a marriage certificate or court document must be provided to process a name change.*

From: _____
Last *First* *Middle*

To: _____
Last *First* *Middle*

CHANGE OF ADDRESS:

From: _____
Street Address *City* *State* *Zip Code*

To: _____
Street Address *City* *State* *Zip Code*

CHANGE OF PHONE NUMBER:

From: _____
(*Area Code) Phone Number*

To: _____
(*Area Code) Phone Number*

Effective date of change(s) listed above: _____

By signing below you agree to allow your name, address, and/or phone number to be changed as indicated on this form for your PWCS payroll records, your employment application, and, if you are a current employee, on your PWCS health, dental, vision, and/or Supplemental Retirement benefits (if applicable). Your signature below does not authorize any individual to change any additional information in your employment application and records.

SIGNATURE: _____ **DATE:** _____

Submit change requests to the PWCS Department of Human Resources by:
Fax: 703.791.8193, Courier, or Mail to: PWCS Attn: DHR, P.O. Box 389, Manassas, VA 20108

For DHR Use Only:
☐ Updated in AMS.
☐ Personnel file has been updated to reflect name change (if applicable).
☐ Updated in WinOcular.