

____ Lois ____ Jalana ____ Payroll ____ Insurance ____ IT ____ Stacy ____ Changed with State

____ Candice ____ Dena Reason for Name Change: ____ Marriage ____ Divorce

EMPLOYEE CHANGE OF INFORMATION

Change of: ____ Address ____ Name ____ Phone Number
(Check All That Apply)

- Name changes require the completion of a **“Request for Certification and/or Change of Action”** form. A marriage license, divorce decree, or court document **MUST** be submitted, along with a \$25.00 money order made payable to **LOUISIANA DEPARTMENT OF EDUCATION** before ANY name change can be made. Payment may also be made online. You must attach a copy of the payment confirmation when submitting to LDOE.

NAME: _____

Name Change: (Name to be Added or Deleted)

Added: _____

Deleted: _____
(Married Name to be Deleted)

Employee Number: _____ Position: _____

School Email Address: _____ Personal Email: _____

School/Site Location: _____

Address Change? ____ YES ____ NO

New Address: _____

Is this a permanent address change? ____ **OR** Summer Address ONLY? ____

Cell Phone Number: _____ Home Phone Number: _____

Effective Date of Change: _____

Employee Signature: _____

Today's Date: _____