

Employee Change of Address/Telephone Number Form

Dodge City Public Schools

Employee Name: _____ Employee ID #: _____

School/Department: _____ Position _____

Name Change

New Name: _____

Address Change

New Address: _____

Phone Number Change or addition

New or additional Phone Number: _____

This form must be signed and dated by the employee.

Employee Signature _____ Date _____

**Name changes can only be made in the Human Resources or Payroll Office
with a copy of your new Social Security card or other legal document with
your new name.**

An Equal Opportunity Employer