WESTERVILLE CITY SCHOOL DISTRICT
EMPLOYEE PERSONAL INFORMATION CHANGE REQUEST
(PLEASE PRINT OR TYPE CLEARLY)

NAME (Please Print): _____ _____ _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER: _____ - _____ - _____

BUILDING: _____ POSITION: _____

PLEASE UPDATE ALL SECTIONS WHETHER CHANGED OR NOT

NAME CHANGE: NEW NAME _____ PREVIOUS NAME _____

Submit an updated Social Security Card to Human Resources. Name will be updated to reflect revised card. Once Social Security Card is received for a name change, HR will notify payroll, benefits, and IT

ADDRESS CHANGE

NEW ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CURRENT PHONE NUMBER

HOME PHONE:_____ CELL PHONE:_____

CURRENT EMAIL ADDRESS

PERSONAL EMAIL ADDRESS:_____

EMPLOYEE SIGNATURE:_____ **DATE:**_____

Office Use Only: PeopleWerks: _____ AESOP: _____
Payroll: _____ Benefits: _____
Effective Pay Day Date: _____

Updated 6/9/2023