

Columbus County Schools
Employee Change of Information Request

Employees desiring to change their name or address must complete the appropriate section(s) of this form and submit it to the Human Resources Department.

Name Change (Must provide a copy of social security card with updated name)

Current Name on file with CCS: _____

New Name: _____

Address Change

Updated Address: _____

Employees must sign below to indicate authorization to make the requested change(s).

Employee Name (Printed): _____

Employee Signature: _____

Date: _____

To be completed by CCS HR/Finance Personnel

Date received by HR/Initials: _____ Approved Not Approved

Date changed in HR systems/Initials: _____

Date changed in Finance systems/Initials: _____

Date changed in HBR systems/Initials: _____