



BUTTS COUNTY SCHOOLS

181 North Mulberry Street
Jackson, Georgia 30233

http://www.butts.k12.ga.us

Telephone (770) 504-2300
Fax (770) 504-2305

EMPLOYEE CHANGE FORM

Employee Name: _____ Social Security #: _____
Last First MI

TYPE OF CHANGE (Check all that apply)

- Address Change Email Address Change (payroll notification only)
 Name Change Phone Number Change
 Other _____

PERSONAL INFORMATION

Change of Name: _____

Please check reason for name change: Divorce Marriage (Note: You may need to update your tax information)

****You must provide a copy of your social security card or letter from the Social Security Administration indicating the name change.**

Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Home Phone: (_____) _____ Cell Phone: (_____) _____
Area Code Area Code

Email Address: _____

CHANGES TO INSURANCE/RETIREMENT /CERTIFICATE/VALIC

- *State Health Benefit Plan, Flexible Benefits and Retirement will be changed through the personnel/payroll update.
- *You must submit a change application through your MyPSC account to update your certificate or license information.
- * You must contact VALIC at 1-800-892-5558 Ext. 89302 as applicable for name/address changes.

SUBSTITUTE INFORMATION ONLY

Please check **one** of the following as applicable:

- I wish to remain on the approved substitute list. ~ **OR** ~ Please remove my name from the approved substitute list.

EMPLOYEE SIGNATURE: _____ DATE: _____

***** Please return completed form to Central Office for processing. *****

FOR OFFICE USE ONLY:

Human Resources:

Payroll

Name Changes: _____
CSI ___ GaBreeze
___ Technology ___ Data ___ Work Location ___ TLE ___ Supp List ___ File Label