

Name/Address Change

Boone County Board of Education
Human Resources Department
8330 U. S. 42
Florence, KY 41042
(859) 282-2374

Employee Name: _____ Location: _____

Last Four of Social Security Number: xxx-xx-_____ Employee Number _____

Please check one:

Certified: _____ Classified: _____ Substitute: _____

Please check one:

Current Employee _____ Former Employee _____

***Former Employee must provide Personal Email _____

Name Change: Changes cannot be made without a copy of new Social Security Card. Please attach when submitting this form.

New Name: _____

Former Name: _____

Address Change:

New Address: _____
Street

_____ *City* _____ *Zip*

County of Residence: _____

Former Address: _____
Street

_____ *City* _____ *Zip*

New Phone Number: _____

Benefits Information: Please check all benefits currently enrolled in, all agencies will be notified of your change.

_____ Health Insurance _____ Dental Insurance _____ Vision Insurance

_____ Retirement: _____ TRS or _____ KPPA (Formerly CERS)

_____ Houchens Insurance (Colonial Life & Mutual of Omaha)

_____ Texas Life _____ Lincoln Life Insurance

Employee Signature _____ Date _____

HR Signature _____ Date _____

Please return completed form to HR Receptionist