



UNION COUNTY SCHOOL DISTRICT

Building a More Perfect UNION

CHANGE OF NAME/ ADDRESS FORM

EMPLOYEE NAME: _____

NEW ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

SIGNATURE

DATE

Please send this form to the Central Office – Attention: Cary Weeden
She will send you the paperwork to change your name and/or address for insurance,
retirement, and other benefits.