



KNOX COUNTY SCHOOLS

Employee Name & Address Change Form

Social Security Number: _____

Employee Number: _____

Current Name as it appears on your payroll check: _____

Position: _____ **School:** _____

New Name: _____

New Address: _____

New Phone Number: Please login to the KCS Employee Self Service website to update your phone number.

The State of Tennessee Local Education Health Insurance Plan requires that Knox County Schools list the reason for the above changes on their computer system.

Are the changes due to: **Marriage** **Divorce** **Other**

Please contact the Employee Benefits Office at 594-1686 if you need to drop or add dependents, due to marriage or divorce, on your health or dental insurance plan. You may also get Change of Beneficiary forms for both life insurance and retirement from the Employee Benefits Office.

Please note: A copy of your social security card, on which the Social Security Administration has imprinted your new name, must be attached to request a name change.

AUTHORIZATION

I hereby authorize the information in my file to be changed as indicated above.

Employee Signature

Date

No changes will be made without your signature in the authorization section of this form.

Please send the completed form and attachments to:

**Knox County Schools
Human Resources Department
P.O. Box 2188
Knoxville, TN 37901-2188 or Fax: 594-3758**