

# **APISD EMPLOYEE CHANGE OF PERSONAL INFORMATION**

Name: \_\_\_\_\_  
(PRINT)

Campus: (select one)

- \_\_\_ APHS
- \_\_\_ ACBMS
- \_\_\_ CME
- \_\_\_ KIEBERGER
- \_\_\_ FAULK
- \_\_\_ FOOD SERVICE
- \_\_\_ CENTRAL OFFICE
- \_\_\_ SP. ED. OFFICE
- \_\_\_ Maintenance,  
Transportation, Custodians

Employee Number: \_\_\_\_\_

The following information needs to be updated in my personnel file: (check all that apply)

\_\_\_\_\_ Address \_\_\_\_\_ Name Change  
\_\_\_\_\_ Phone Number

Previous Address: \_\_\_\_\_

\_\_\_\_\_ Texas \_\_\_\_\_  
City State Zip

Previous Phone Number: ( ) \_\_\_\_\_  
Home

( ) \_\_\_\_\_  
Cell

Current Address: \_\_\_\_\_

\_\_\_\_\_ Texas \_\_\_\_\_  
City State Zip

Current Phone Number: ( ) \_\_\_\_\_  
Home

( ) \_\_\_\_\_  
Cell

Name Change due to marriage / divorce

New Name: \_\_\_\_\_  
(PRINT)

\*Drivers license and social security card reflecting the new name is **REQUIRED** prior to updating the records.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE SUBMIT FORM TO PAYROLL DEPARTMENT