GALENA PARK INDEPENDENT SCHOOL DISTRICT

CHANGE/CORRECTION OF GENERAL INFORMATION

Complete and return this form to the Compensation Department as soon as your information changes. **Changes in last name must be accompanied by a new W-4 Form, TRS-11 Beneficiary Form and a copy of their new Social Security Card.**

PLEASE CHECK THE INFORMATION BEING CHANGED AND/OR CORRECTED:

____ Name **____ Address** **____ Phone** **____ Other**

PERSONAL INFORMATION (Please Print):

School Year: _____ Campus: _____

Employee ID #: _____
(6 Digits, located on your check/direct deposit stub)

Name: _____
Last First MI Maiden

Old Address: _____
Street/PO Box City, State Zip

New Address: _____
Street/PO Box City, State Zip

Phone Number: _____

Marital Status: _____ Married _____ Single

"I certify that the above information is correct."

_____ _____
Employee Signature Date

FOR COMPENSATION DEPARTMENT USE ONLY

Date Received:_____ **Date Effective:** _____

Processed By:_____