



CANYONS
SCHOOL DISTRICT

Today's Date: _____

NAME / ADDRESS / PHONE CHANGES

NAME: Last _____ First _____ Middle _____

SOCIAL SECURITY NUMBER: _____ -- _____ -- _____
(For NAME CHANGE or NEW SOCIAL SECURITY NUMBER ONLY)

WORK LOCATION # _____ School/Department _____

EMPLOYEE TYPE: *Current* *Former* *Retired* **Certified or ESP**

MAKE CHANGES TO THE FOLLOWING:

NEW NAME: Last _____ First _____ Middle _____
(must provide original social security card in new name)

NEW ADDRESS _____

City _____ State _____ Zip _____

NEW PHONE NUMBER (_____) _____

FOR **NAME CHANGE ONLY**, YOU MUST COMPLETE EACH OF THE FOLLOWING:

- | | |
|-------|---|
| _____ | Name Change Form |
| _____ | Social Security Card or Receipt from Social Security Office |
| _____ | W-4 Form, if submitted |
| _____ | Retirement Change Form (if eligible) |
| _____ | Direct Deposit Change (only if account number has changed) |

For HR use only: Changed in Skyward: Date: _____ By: _____ By: _____

Changed in Document Manager: Date: _____ By: _____

Note: This form must be submitted to the Human Resource Department on or before the 5th or 22nd of the month in order for it to be processed for that month's payroll. The Human Resources Department is located at 9361 S. 300 E. Sandy, UT 84070.