



Personal Information Changes

Employee ID # _____

Name _____

School /Location _____ **Position** _____

Name Change

New Name _____

(Attach legal document which authorizes name change)

Address /Phone Changes

Previous Address _____

Previous Phone # _____

New Address _____

New Phone # _____

Other Information _____

Signature _____ Date _____

Identity verified by BPS Staff Member

Verified by _____ ***Date Verified*** _____

For HR Use Only

◆ Name change – ___ Copy to Payroll ___ Absence Management ___ Infinite Campus
___ Lisa Ando, Technology

◆ Name, address, phone changes – Copy to City Hall and City of Brockton Retirement Board

◆ File form in Personnel file

◆ PA entered by _____