

SCHERTZ-CIBOLO-UNIVERSAL CITY ISD
EMPLOYEE NAME / ADDRESS / PHONE / EMERGENCY CONTACT
CHANGE FORM

This change will only apply to your personnel and payroll records. It is your responsibility to go to the online benefits system and to contact TRS with any changes.

PLEASE PRINT

Social Security _____

Last Name _____

First Name _____

NAME CHANGE*

*Please attach a copy of your new social security card. This document is required before a name change can be processed. If you need to change your beneficiary, please contact the Benefits Office.

Mark one: Married Single

Last Name _____

First Name _____

Middle Name _____

Maiden Name _____

ADDRESS CHANGE

Street Address _____ Apt # _____

City _____

State _____

Zip Code _____

TELEPHONE NUMBER CHANGE

Area Code + Phone Number _____

EMERGENCY CONTACT INFORMATION

If you need to change your beneficiary, please contact the Benefits Office.

Name _____ Relationship _____

Area Code + Phone Number _____

I understand that this form will be returned unprocessed if it does not have a signature, social security number or is incomplete in the change area. I understand this form must be in the Human Resources office by the 1st of the month for the monthly payroll and changes for the semi-monthly payroll must be turned in 2 weeks before the request is processed.

Signature _____

Date _____

HR USE ONLY

Date Received _____

Date Processed _____

Processed By _____

Copies: Payroll/Benefits/SAMS/TRAQs/I-9/Employee File