BIBB COUNTY SCHOOL DISTRICT

Employee Personal Information Form

Today's Date:

Employee Information

Effective Date of Change:

Type: Choose an item

Current Location: Choose a location

Current Position:

Contact Phone Number:

Social/Employee ID:

Contact Email Address:

Current Last Name:

First Name:

MI:

☐ **Address**

Current Street Address:

Apartment Number:

Current City:

State:

Zip:

New Street Address:

New Apartment Number:

New City:

State:

Zip:

☐ **Phone**

Old Phone Number:

New Phone Number:

☐ **Name Change**: *Upon completion of this form please email a valid copy of your new social security card & marriage certificate or divorce decree to Nikita Turner (Nikita.Turner@bcsdk12.net) and Felecia Carson (Felecia.Carson@bcsdk12.net).*

New Name (Last, First, and Middle):

☐ **Emergency Contact**

Current Emergency Contact and Relationship:

Current Emergency Contact's Phone #:

New Emergency Contact and Relationship:

New Emergency Contact's Phone #:

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HUMAN RESOURCES USE ONLY

Human Resources Staff (electronic signature):

EMP ID#:

Date: