



Baltimore City Public Schools
 Human Resources Information Systems
 200 E North Ave Room 110
 Baltimore, MD 21202
 Phone 443.984.1142 Fax 410.545.0897



PERSONAL DATA CHANGE / CORRECTION FORM

Name _____

Employee ID # _____

Organization _____

Phone # _____

Instructions

Bargaining Unit _____

1. PRINT all information clearly
2. Complete only those items that need to be changed
3. Sign, date and return the **completed form along with applicable copies of documentation** to the above address or fax number. If you are changing your name please provide a copy of your social security card with the new/changed name information.
4. All address and telephone number changes can be done online through the employee self service system
<http://hrss.bcps.k12.md.us>

***This is required when completing this form**

	Change To	Effective Date of Change	Documentation Required
Social Security #			✓
Last Name			✓
First Name			✓
Middle Name			✓
Race			
Marital Status			✓
Date of Birth			✓
Emergency Contact Name			
Emergency Contact #			

Employee Signature _____ Date _____