



PERSONNEL CHANGE FORM

DATE: _____

Employee ID: 912 - _____ **-** _____

Name Change: _____

Address Change: _____

Phone # Change: _____

Employee Name: _____

NEW NAME: _____

Last

First

M.I.

NEW ADDRESS:

Street

City

State

Zip

County

Phone Number

Employee Signature

Date

Please return this completed form to the Business Office.

Email: Melissa Adams mdadams@k12.wv.us

Fax: 304-528-5189