



CABELL COUNTY SCHOOLS
CREATE YOUR STORY

PERSONNEL CHANGE FORM

DATE _____

912-_____-_____

(Employee ID Number)

PRESENT NAME:

Last

First

M.I.

CHANGE NAME TO:

Last

First

M.I.

NEW ADDRESS:

Street

City

State

Zip

County

Phone Number

Please return this completed form to the Business Office.

Fax: (304) 528-5002

Email: kelly.adams@k12.wv.us or alexis.jeffrey@k12.wv.us