

## Lynden School District # 504

# CHANGE IN PERSONAL INFORMATION FORM

(This form ONLY changes information for Payroll, Personnel, Accounts Payable, Retirement, Building and Union.)

Name \_\_\_\_\_ Building \_\_\_\_\_  
                   Last (before change)          First                    MI

\*\*\*\*\*

Change in Marital Status from \_\_\_Single \_\_\_Married to \_\_\_Single \_\_\_Married

Legal Name Changed to: \_\_\_\_\_  
 (Original Social Security Card must be brought to payroll for copy to be made)

\*\*\*\*\*

New Home/Mailing Address: \_\_\_\_\_

New Mailing Address (if different than home address): \_\_\_\_\_

Previous Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Changes received by the 15<sup>th</sup> of the month will be processed in the current month. Changes received after the 15<sup>th</sup> will be processed in the current month if possible, or processed the following month.

**Other forms you may need for the above change(s):**

- \_\_\_\_\_ Medical - [www.lynden.wednet.edu](http://www.lynden.wednet.edu) (HR/Payroll / Benefits)
- \_\_\_\_\_ Vision – NBN - [www.lynden.wednet.edu](http://www.lynden.wednet.edu) (HR/Payroll / Benefits)
- If you have personal payroll deductions (Annuities, Homestead, AFLAC, American Fidelity, Credit Unions, Banks, etc) you will need to contact them directly.
- Retirement Beneficiary form - [www.drs.wa.gov](http://www.drs.wa.gov). Quick link to forms or search for forms.
- W-4 form - [www.lynden.wednet.edu](http://www.lynden.wednet.edu) (HR/Payroll / Payroll Forms)
- VEBA – Call Meritain Health 1-888-828-4953

**For Office Use Only**

Name Change Checklist
<input type="checkbox"/> E-mail address
<input type="checkbox"/> E-mail Skyward
<input type="checkbox"/> Username skyward
<input type="checkbox"/> SOL → · Name
<input type="checkbox"/> SafeSchools
<input type="checkbox"/> Personnel File
<input type="checkbox"/> Evaluation lists
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Payroll File
<input type="checkbox"/> Dental

**RETURN THIS FORM TO HUMAN RESOURCES AT THE DISTRICT OFFICE**

HR will provide info to: Payroll / Building / Union Rep / SOL District Coordinator