



BIBB COUNTY SCHOOL DISTRICT  
**Employee Name & Address Change Form**

**This form is used for name and/or address changes only. Other personal information, such as phone number(s) and emergency contact(s) can be updated in Employee Self Service.**

Today's Date:

**EMPLOYEE INFORMATION**

Effective Date of Change:

Type:

Current 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:

**NAME CHANGE**

*Upon completion of this form, please bring this form, along with a valid copy of your new social security card & marriage certificate or divorce decree to Human Resource @ 484 Mulberry St., Ste. 501, Macon GA 31201.*

New Name (Last, First, Middle):

**For Questions , please contact [Tatanya.Maynard@bcsdk12.net](mailto:Tatanya.Maynard@bcsdk12.net) or [Rebecca.Davis@bcsdk12.net](mailto:Rebecca.Davis@bcsdk12.net)**

**HUMAN RESOURCES ONLY**

HR Staff Signature:

EID#

Date: