



Employee Information Change/Action Form

MIS 5078
Rev 03/08

Personnel Services Department
School District of Okaloosa County
120 Lowery Place, S.E.
Fort Walton Beach, Florida 32548-5595

- INSTRUCTIONAL
 NON-INSTRUCTIONAL
 ADMINISTRATIVE/MANAGERIAL

DATE: _____

EMPLOYEE NAME: _____
LAST, FIRST MIDDLE

FORMER NAME: _____
LAST, FIRST MIDDLE

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: XXX-XX- _____

ADDRESS: _____
CITY, STATE ZIP

PHONE NUMBER: _____
PLEASE INCLUDE AREA CODE

- PUBLISHED
 NON-PUBLISHED

EMAIL ADDRESS: _____

OLD ADDRESS/
ADDITIONAL
COMMENTS:

NOTE: ALL employees who require a NAME CHANGE MUST come to Personnel with a driver's license AND social security card that has the new name on them to make changes on other necessary paperwork.

SIGNATURE: _____