

Logansport Community School Corporation

Change of Address and/or Name

Employee Payroll ID # _____

Name _____ Former Name _____

New Address _____

City _____ State _____ Zip _____ County _____

Telephone _____

Date _____

For Office Use Only:

<input type="checkbox"/> Human Resources	<input type="checkbox"/> Insurance	<input type="checkbox"/> Payroll	<input type="checkbox"/> Doculivery	<input type="checkbox"/> Accts Pay
<input type="checkbox"/> Database/EMP Card	<input type="checkbox"/> WBD			
<input type="checkbox"/> Technology	<input type="checkbox"/> AFA			
<input type="checkbox"/> Koorsen	<input type="checkbox"/> UHL			
<input type="checkbox"/> Labels	<input type="checkbox"/> VSP			
<input type="checkbox"/> ESS				
<input type="checkbox"/> Position List				
<input type="checkbox"/> Jeff Canady List				

PLEASE RETURN UPDATED FORM TO HUMAN RESOURCES
AT THE ADMINISTRATION BUILDING.