

ANSON COUNTY SCHOOLS
EMPLOYEE NAME & ADDRESS CHANGE FORM

320 Camden Road
Wadesboro, NC 28170
704-694-4417
704-694-7479 (fax)
www.ansonschools.org

Employee Name: _____ Today's Date: _____

Social Security #: _____ Phone #: _____

New Address: _____

Current School Location: _____ Current Position: _____

Signature: _____ Date: _____

****When requesting a name change, a new Social Security Card will be required to be presented to Human Resources for confirmation before a name change will be processed.***

COPY OF SOCIAL SECURITY CARD (AFFIXED BY HR STAFF ONLY)

Human Resources Only (HRMS)	Finance Use Only (AS400)
Date Received: _____	Date Received: _____
Processed By: _____	Processed By: _____