GALENA PARK INDEPENDENT SCHOOL DISTRICT CHANGE/CORRECTION OF GENERAL INFORMATION

Complete and return this form to the Payroll Services department as soon as your information changes. Changes in last name must be accompanied by a new W-4 Form and a copy of the new Social Security Card.

PLEASE CHECK THE INFORMATION BEING CHANGED AND/OR CORRECTED:

	Name	Address	Phone	Other
PERSONAL INFORMATION (Please Print):				
School Year:		Locatio	on:	
Employee ID #:	6 Digits, located on you	r check/direct deposit st	ub)	
Employee Name:	Last	First	MI	Maiden
Old Address:	Street/PO Box		City, State	Zip
New Address:	Street/PO Box		City, State	Zip
Phone Number:				
Marital Status:	Married	Single		
"I certify that the	above information	n is correct."		
Employee Signature		I	Date	
	FOR	PAYROLL SERV	ICES USE ONLY	
Date Received:			Date Effective:	
Processed By:			-	