



**FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT  
HUMAN RESOURCES DEPARTMENT  
520 5TH AVENUE, FAIRBANKS, AK 99701**

# EMPLOYEE PERSONAL INFORMATION CHANGE FORM

<b>Employee Group:</b>	Certified Staff	Classified Staff	Exempt
	Student / Intern	Substitute Teacher	Temporary

<b>UPDATE OR CHANGE THE FOLLOWING:</b> (please mark all changes that apply)	
Address / Email / Phone Number **Change of Name	Emergency Contact / Demographics Change of Marital Status

**Employee Name:** (please print clearly) \_\_\_\_\_ **F #:** \_\_\_\_\_

<b>CHANGE OF NAME:</b> (leave fields blank if no change)
<b>New Legal Name</b>
Last Name: _____ First Name: _____ MI: _____
<b>**DOCUMENTATION REQUIRED WITH FORM SUBMISSION TO COMPLETE A CHANGE OF NAME:</b>
<ul style="list-style-type: none"> <li>State ID with new name <u>AND</u></li> <li>Social Security Card <u>or</u> receipt verifying pending change</li> </ul>
<b>**See instruction page for changes to health benefits and retirement forms**</b>

<b>CHANGE OF ADDRESS / EMAIL / PHONE NUMBER:</b> (leave fields blank if no change)
Address: _____
<span style="margin-right: 150px;"><i>Street</i></span> <span style="margin-right: 150px;"><i>City</i></span> <span style="margin-right: 50px;"><i>State</i></span> <span><i>Zip Code</i></span>
Phone Number: (new primary) _____ Home _____ Cell _____
Personal Email: _____ @ <span style="margin-right: 50px;">yahoo.com</span> <span style="margin-right: 50px;">gmail.com</span> _____ .com .org .net

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>				
	Fax for to FEA / ESSA:	<b>YES</b>		<b>NO</b>
	QLE Docs received:	<b>YES</b>		<b>NO</b>
	Voya forms received:	<b>YES</b>		<b>NO</b>
	Change to marital status:	<b>YES</b>		<b>NO</b>
	<i>(YES) = send to payroll for PERS / TRS status update</i>			
	Change to health benefits:	<b>YES</b>		<b>NO</b>



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# EMERGENCY CONTACT & DEMOGRAPHIC FORM

All Fairbanks North Star Borough School District employees are responsible for providing the Human Resources Department with the emergency contact information and with updating this information as needed.

Employee Name \_\_\_\_\_

F # (if known) \_\_\_\_\_

Work Location \_\_\_\_\_

### **EMERGENCY CONTACTS**

Individual(s) to be contacted in an emergency:  No Change

Name	Home	Cell Phone
Mailing address	Work Phone	
Physical Address	Relationship to employee	
Name	Home	Cell Phone
Mailing address	Work Phone	
Physical Address	Relationship to employee	

### **DEMOGRAPHIC**

No Change

**Marital Status:**            Married                                  Divorced                                  Single  
**Change to:**                Married                                  Divorced                                  Single

**Gender:**                        Male    Female  
**Change to:**                    Male    Female

This information is only for the state of Alaska Division of Retirement and Benefits (DRB) for their reporting purposes.  
The school district sends this information to DRB.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_