

Polk County School Board
Substitute Personal Data Change Form

Employee Name _____ SAP # _____

Change of Name: Yes No *must submit W-4 and SS card with new name changes

New Name _____

Previous Name _____

Change of Address: Yes No

New Address _____

Mailing Address

City, State & Zip

Previous Address _____

Mailing Address

City, State & Zip

Change of Phone Number: Yes No

New Phone # _____ Previous Phone # _____

Employee Signature _____ **Date** _____

Personnel Asst

Date Completed