

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