

PORT NECHES-GROVES ISD

PAYROLL/PERSONNEL/WGEC *Send to Administrative Building First*

N A M E O R A D D R E S S C H A N G E

ADDRESS CHANGE ONLY _____

NAME CHANGE _____

***Before any name is changed you MUST complete a new W-4 form with the payroll department AND submit a copy of driver's license and social security card with the new name. All documents must match.**

Social Security No. _____

Last Name	First Name	Middle Name or Initial	Former Name
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Mailing

Address _____

Street or Box No.

City

State

Zip

Telephone

Number _____

Campus _____

Date _____

Signature _____

AGREEMENT: By typing my name above, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I will not, at any time in the future, repudiate the meaning of my electronic signature or claim that my electronic signature is not legally binding.

INTER-OFFICE USE: PERSONNEL/BENEFITS _____

PAYROLL _____

WGEC _____