

WILMINGTON CITY SCHOOLS
EMPLOYEE INFORMATION

Fax # 937-382-1645

Address Change: _____ **Name Change:** _____

(For name change, you must also present your Social Security Card to Payroll Dept. showing your name change.)

Please print legibly:

Social Security Number: _____

Name: _____
Last First M.I.

Former Name *(Changes only):* _____

New Address: _____
Street Apt #

City State Zip Code

Phone Number Listed Unlisted _____

Employee's Signature **Date**

If you have insurance with the District, please remember to make changes for Benelogic at

https://memberp15.benelogic.com/Benelogic/_COir48HvRkuPOQTPoEo9ag/pf/ep/default.asp