



# SUMNER COUNTY BOARD OF EDUCATION INFORMATION CHANGE FORM

Use this form to update personnel record at Central Office. This includes HR, Payroll, Benefits, IT, and Teacher Center. Notify your school separately. Please allow one payroll cycle for changes to take place.

**Full Name:** \_\_\_\_\_  
(as it appears on SSN)      **First**      **Middle**      **Last**      **Employee ID #**

**Name Change:** Must be done **in person**. Bring your **original** social security card with new legal name, along with a copy of the court certified document (marriage or divorce certificate).

**SSN Verified** \_\_\_\_\_  
**Reason/Date** \_\_\_\_\_  
**TN Compass** \_\_\_\_\_

**From:** \_\_\_\_\_

**To:** \_\_\_\_\_

**\*\*Certified Employees\*\*** - Employee **MUST** update name with the TN Dept of Education first on [www.tncompass.org](http://www.tncompass.org).

## Mailing Address Change:

\_\_\_\_\_  
**Street Address**      **City**      **State**      **Zip**

\_\_\_\_\_  
**Phone Number**      **Married/Single**      **Location/Position**

\_\_\_\_\_  
**Personal Email**

## Physical Address Change: (if different from mailing address)

\_\_\_\_\_  
**Street Address**      **City**      **State**      **Zip**

**Frontline (formerly AESOP):** If you have a name change causing your email to change (or a new email), please be in contact with the HR Specialist for Frontline/Substitutes at 615-442-8237.

**Beneficiary Changes:** Go to Infinityhr.com to change 403B or Life Insurance. If you do not remember your username or password, click on first time user/ forgot password. For TCRS go to mytcrcs.com, if you have not registered, you will need to register and then you can change your Beneficiary.

**Credit Union Changes:** You must contact your Credit Union directly for any changes you wish to make. Your Credit Union will notify us of your request.

**Federal Withholding/Direct Deposit Changes:** W4 or Direct Deposits can be updated in your ESS account. Click on Pay/Tax Information→W4 or Direct Deposit then edit. This will submit directly to the Payroll Dept, or submit in person in the Payroll Dept.

**To add/change dependents on Health, Dental, or Vision:** Complete the Benefits Special Qualifying Event form found on the Benefits portal: [www.sumnerschools.org/benefits](http://www.sumnerschools.org/benefits). Click on How to Enroll/Change Benefits→Special Qualifying Events→Special Qualifying Event Form (on the right). Submit the completed form to the Benefits Department. Call 615-451-5214 with any questions.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return signed form to the HUMAN RESOURCES DEPARTMENT.**

**Any questions call 615-451-5207**

## **FOR CENTRAL OFFICE USE ONLY**

\_\_\_\_\_  
Human Resource Department  
\_\_\_\_\_  
Accounts Payable Department  
\_\_\_\_\_  
Payroll Department

\_\_\_\_\_  
I/T Department (Name change only)  
\_\_\_\_\_  
Teacher Center (Name change only)  
\_\_\_\_\_  
File Maker (Name change only)