



SUMNER COUNTY BOARD OF EDUCATION INFORMATION CHANGE FORM

Use this form to update employee personnel records on file at Central Office. Allow one payroll cycle for changes to take place. ****Employee is responsible for updating their Hire Enterprise account (formerly SearchSoft).****

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

Name Change: Provide to Human Resources **in person**, your **original** social security card indicating new legal name, as well as a copy of the court certified document, marriage or divorce certificate.

From: _____

To: _____

****Note to Certified Personnel**** - Prior to name changes taking effect at the SCBOE, you **MUST** update your teaching license with the TN Department of Education at www.tncompass.org.

Mailing Address Change:

Street Address **City** **State** **Zip**

Phone Number **Married/Single** **Current School/Department**

Physical Address Change:

Street Address **City** **State** **Zip**

Frontline (formerly AESOP): If you have a name change causing your email to change (or a new email), you are responsible for updating this in your account.

Beneficiary Changes: Go to Infinityhr.com to change 403B or Life Insurance, if you don't remember your username or password click on first time user/ forgot password. For TCRS go to mytcrs.com and 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 Changes: Request from Human Resources a new W-4 be issued through your Hire Enterprise account (formerly SearchSoft). Complete the new W-4 and submit. This will submit directly to the Payroll Department.

To make changes to Health, Dental, or Vision when a Qualifying Event occurs: Complete the appropriate Benefits Special Qualifying Event Cancel/Enrollment/Change form. The form may be found on the Benefits portal: www.sumnerschools.org/benefits. Click on the green button, Active Employees tab, and Qualifying Life Events on the drop-down box. Please submit the completed form to the Benefits Department.

Signature: _____ Date: _____

**Return signed form to the HUMAN RESOURCES DEPARTMENT.
Questions – Please call 615-451-5207**

FOR CENTRAL OFFICE USE ONLY

Human Resource Department _____ I/T Department (Name change only)

Accounts Payable Department _____ Teacher Center (Name change only)

Payroll Department _____ File Maker (Name change only)