



Please complete and
return to:

Lisa Leigh
District Office
847/838-8465

EMPLOYEE PERSONAL INFORMATION CHANGE REQUEST

District employees should submit this form when your personal information has changed. Updates based on this information will be forwarded to Payroll, PowerSchool, Aesop, and Insurance (medical and dental) if applicable. All other changes to benefits offered through the school district subject to this change are the responsibility of the employee (i.e. TRS, IMRF, AFLAC and 403b Annuities).

Type of change: Address/Contact Change Emergency Contact Information
 Name Change

Employee Name:

For change of address:

Previous Information:

Street Address:

City:

State:

Zip:

New Information:

Street Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Change Effective:

For name changes:

(please notify Payroll at (847)838-8413 once Social Security has been informed of the name change)

Previous Name:

First Name:

Last Name:

New Name:

First Name:

Last Name:

Social Security Changed? Yes

NO

For emergency contact information:

Contact Name:

First Name:

Last Name:

Phone:

Relationship:

DISTRICT OFFICE USE ONLY

Payroll _____

Insurance _____ Medical _____ Dental _____

Aesop _____

PowerSchool _____

Billing _____

I-9 _____

NOTES: