



## Change of Address or Name Form

This form is used to change your demographic data in Payroll and Benefits.

Complete and return via fax, email, or mail.

Fax: 270.825.6183 | Mail: Hopkins County Schools, 320 South Seminary Street, Madisonville KY 42431

Email: **CERTIFIED** [kaylie.adcock@hopkins.kyschools.us](mailto:kaylie.adcock@hopkins.kyschools.us)

**CLASSIFIED** [mechelle.earl@hopkins.kyschools.us](mailto:mechelle.earl@hopkins.kyschools.us)

**BENEFITS** [janice.moore@hopkins.kyschools.us](mailto:janice.moore@hopkins.kyschools.us)

CHANGE ADDRESS OR NAME <u>FROM</u> :	
Name	
Address	
City/State/Zip	
Home Phone Number	
Email Address	

CHANGE ADDRESS OR NAME <u>TO</u> :	
Name	
Address	
City/State/Zip	
Home Phone Number	
Email Address	
Please check accordingly	<input type="checkbox"/> Address OR <input type="checkbox"/> Temporary Address

Please contact Janice Moore in Benefits to change beneficiary information for life insurance, retirement, optional insurances and/or other payroll deductions.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_