



DISTRICT SCHOOL BOARD OF PASCO COUNTY
NAME CHANGE REQUEST

MIS Form #300
Rev. 03/18

Send this form to your work location's Human Resources staffing contact. You must attach a copy of your signed Social Security Card with your new name when submitting this name change form. If you have any questions, please email your staffing contact.

Employee ID #	Work Location	Telephone #
<input type="checkbox"/> Check if you are a substitute		

Former Name	
Last Name	First Name
Middle Name	Suffix

New Name (The name listed must match the name on your Social Security Card.)	
Last Name	First Name
Middle Name	Suffix

HUMAN RESOURCES USE ONLY

Signed Social Security Card _____ Updated Employee Master* _____

*Must update both new name and prior name fields in Munis

DISTRIBUTION: Human Resources and Educator Quality

If you would like your email address to reflect your new name, you must submit a Tech Help Ticket.