

Employee Information Change Form

PLEASE PRINT CLEARLY. SIGN AND DATE THE BOTTOM OF THIS FORM

Fax or email this form to the BAPS Human Resources Department.

Fax: 918-258-0493 Email: hrdesk@baschools.org

Required Fields

First Name	Middle Initial	Last Name
Employee ID and/or SSN	How many hours do you work per day? <div style="display: flex; justify-content: space-around;"> More than 6 Less than 6 </div>	
Phone Number	Are you certified staff or support staff? <div style="display: flex; justify-content: space-around;"> Certified Support </div>	
Site or Department	Job Title:	

Note: Please skip any section you wish to leave unchanged.

Name, Phone, and/or Address Changes

(Name changes require a copy of your new social security card or a judge signed court order.)

First Name	Middle Initial	Last Name
New Phone Number	Marital Status <div style="display: flex; justify-content: space-around;"> Married Single </div>	
New Street Address	City	
	Zip Code	

Who may we notify of any changes on your behalf? Mark appropriate box:

- Payroll
- Human Resources
- American Fidelity
- SunLife
- EGID (Health, Dental, Vision, Life Insurance)
- Texas Life

Each employee is responsible to notify the following agencies of any changes:

- Teacher's Retirement, phone: 877-738-6365
- State Department of Education, phone: 405-521-3337

I authorize Human Resources to make the above requested changes on my behalf.

Signature* (Required) _____

**Electronic Signature Acceptable*