

# JEFFERSON COUNTY SCHOOLS

## Employee Name & Address Change

**Current Name as it appears on your Payroll Check**

\_\_\_\_\_

**New Name** \_\_\_\_\_

**New Address** \_\_\_\_\_

\_\_\_\_\_

**New Phone Number** \_\_\_\_\_

Please contact Christy Wolfe at (865) 397-3194 if you need to drop or add dependents, due to marriage or divorce, on your health or dental insurance plan.

**Please note: To request a name change, a copy of your new Social Security card must be attached to this form.**

Please mail or fax the completed form and attachments to:

**Jefferson County Schools  
Attention: Business Office  
PO Box 190  
Dandridge, TN 37725**

**Fax: (865) 397-8303**