

KILGORE ISD
Human Resource Department

CHANGE OF ADDRESS FORM

Please complete the following information and forward to the HR department if you have a change of address and/or telephone number. It is essential to have this information correct to ensure your W-2 and other correspondence reach you in a timely manner.*

Date: _____ **Campus:** _____

Legal Name _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

Employee Signature: _____

Comments: _____

* Please remember not all changes can be made by this form. Any changes to benefits including name, address, marital status and/or beneficiary must be made on enrollment change forms. Strict guidelines are enforced by TRS and changes must be made within 30 days of the event date.