Karnes City Independent School District
404 North Highway 123
Karnes City, Texas 78118-3016
(830) 780-2321 – Fax (830) 780-3823

CHANGE FORM

EMPLOYEE'S NAME: _____

EMPLOYEE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

EFFECTIVE DATE OF CHANGE: _____

TYPE OF CHANGE:

Name Change: New Name: _____
Former Name: _____

Address Change: _____
_____

Cancel/Cancel Coverage: _____
_____

I HEREBY AUTHORIZE THE ABOVE CHANGE(S).

EMPLOYEE'S SIGNATURE _____

DATE _____