



MELISSA SCHOOLS

Employee Demographic Change Form

Employee Name: _____

Employee ID#: _____

Effective Date of Requested Changes: _____

(Check all that apply.)

Old Information:

New Information:

- | | | | |
|--------------------------|---------------------------|-------|-------|
| <input type="checkbox"/> | Address: | _____ | _____ |
| | | _____ | _____ |
| | | _____ | _____ |
| <input type="checkbox"/> | Home Phone: | _____ | _____ |
| <input type="checkbox"/> | Cell Phone: | _____ | _____ |
| <input type="checkbox"/> | Email address: | _____ | _____ |
| <input type="checkbox"/> | Emergency Contact: | _____ | _____ |
| <input type="checkbox"/> | (Other) _____: | _____ | _____ |

Employee Signature: _____

Date: _____

For Admin Use Only:

___Payroll ___Aesop ___Benefits ___Other: _____

Uploaded to YellowFolder: _____



Change of Address Notification

TRS358 (09-16)

1000 Red River Street
Austin, TX 78701-2698
(800) 223-8778
www.trs.texas.gov



Name _____ TRS Participant ID or
Social Security Number _____
Phone Number _____

Old Mailing Address

Address _____
Street Address or PO Box Number City State Zip Code

New Mailing Address

Address _____
Street Address or PO Box Number City State Zip Code

Signature _____

Date _____