

**Denver Public Schools  
Department of Human Resources  
Employee Information Change Form**

Last Name:	First Name:	Middle Name:
SS#:	Effective Date:	
School /Department:	Position:	

**Action Type: Check all that apply.**

**Employee Action**

- ☐ Name Change      ☐ Termination      ☐ Resignation      ☐ Retirement  
☐ Salary      ☐ Address Change

**Name Change**

*Last Name:	First Name:	Middle Name:
-------------	-------------	--------------

**\* Submit a copy of your social security card displaying new name with this form.**

**Address Change**

Street:		City:
State:	Zip Code:	Home Telephone (      )
School District of Residence:		

**Salary – Request for Advance in Maximum (Certificated Employees)**

Degree received, hours completed, or credits in education earned since last salary increased:	
Are all transcripts on file in Human Resources?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Resignation/Retirement \***

Resignation/Retirement Date :	(Please indicate actual last day):
Reason:	

**\* Employer's signature required for Resignation/Termination or Retirement**

**I understand that falsifying personnel data is a criminal offense and can result in termination and/or my arrest.**

Employee's Signature	Date
*Employer's Signature	Date

**\* Signature required for Resignation/Retirement only**