



**Baltimore City Public Schools**  
 Human Resources Information Systems  
 200 E North Ave Room 110  
 Baltimore, MD 21202  
 Phone 443.984.1142 Fax 410.545.0897



## PERSONAL DATA CHANGE / CORRECTION FORM

Name \_\_\_\_\_

Employee ID # \_\_\_\_\_

Organization \_\_\_\_\_

Phone # \_\_\_\_\_

**Instructions**

Bargaining Unit \_\_\_\_\_

1. PRINT all information clearly
2. Complete only those items that need to be changed
3. Sign, date and return the **completed form along with applicable copies of documentation** to the above address or fax number. If you are changing your name please provide a copy of your social security card with the new/changed name information.
4. All address and telephone number changes can be done online through the employee self service system  
<http://hrss.bcps.k12.md.us>

**\*This is required when completing this form**

|                        | Change To | Effective Date of Change | Documentation Required |
|------------------------|-----------|--------------------------|------------------------|
| Social Security #      |           |                          | ✓                      |
| Last Name              |           |                          | ✓                      |
| First Name             |           |                          | ✓                      |
| Middle Name            |           |                          | ✓                      |
| Race                   |           |                          |                        |
| Marital Status         |           |                          | ✓                      |
| Date of Birth          |           |                          | ✓                      |
| Emergency Contact Name |           |                          |                        |
| Emergency Contact #    |           |                          |                        |

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_