

Change in Personal Information for MCPS Employees

Employee and Retiree Service Center (ERSC)
MONTGOMERY COUNTY PUBLIC SCHOOLS
45 West Gude Drive, Suite 1200, Rockville, Maryland 20850

INSTRUCTIONS (Please type or print)

Use this form to change or correct your name, title, date of birth, and/or Social Security number (only after receipt of your new official Social Security card). Address and telephone number changes must be made via the [Employee Self-Service \(ESS\)](http://montgomeryschoolsmd.org/departments/ersc/employees/employee-self-service/) web page at montgomeryschoolsmd.org/departments/ersc/employees/employee-self-service/

Complete this form, sign, and return it to the Employee and Retiree Service Center (ERSC). You may fax the form to 301-279-3642/301-279-3651 or e-mail an electronically signed Adobe PDF file to ERSC@mcpsmd.org.

1. You must complete ALL sections in the first box.
2. To change your address and/or telephone number on record with MCPS, you must visit the ESS web page, click on **My address change**, and complete the online form.
3. You must go (in person) to your local Social Security Administration office to complete the required form to change your Social Security records. Requested name changes will only be processed as they appear on your Social Security card.
4. You must complete a new W-4 if you change marital status and/or number of exemptions for income tax withholding purposes. All W-4 changes are made online via the ESS web page. To access the online form, visit the ESS web page and click on **My W-4** under the green My Pay banner. Log in using your MCPS username and password and follow the on-screen instructions. After submitting your changes, you will receive an e-mail confirmation.
5. This form does not change your name on record with the [Maryland State Retirement Agency](#), [Educational Services Federal Credit Union](#), retirement savings, etc.

EMPLOYEE INFORMATION

Name: _____
Last, First, Middle

Effective date of change ____/____/____ Employee ID # _____

Are you currently listed as a dependent under another MCPS employee's benefit plan? Yes No
If yes, please provide that person's employee ID #: _____

CHANGES

CORRECT DATE OF BIRTH TO: ____/____/____ Attach copy of birth certificate or valid driver's license.

____ **CHANGE TITLE TO:** 1 = Miss 2 = Ms. 3 = Mrs. 4 = Mr. 5 = Dr. 6 = Mx. 7 = None

____ **CHANGE GENDER TO:** 1 = F 2 = M 3 = X (Nonbinary/Unspecified)

CHANGE NAME TO (Type or print former name above. **If name changed by court order, attach copy of order** e.g., marriage certificate, divorce decree), Other: _____

Last, First, Middle

CHANGE SOCIAL SECURITY NUMBER TO: _____
Attach copy of Social Security card

SIGNATURE

Employee Name: (please print) _____

Employee Signature: _____ Date ____/____/____