



EMPLOYEE NAME AND DATE OF BIRTH CHANGE FORM

Complete this form to change your information with the School District of Philadelphia.

REQUIRED INFORMATION

Employee ID: _____ or
Last 4 digits of Social Security #: _____

Requested Change(s)

- Name *
Date of Birth**
Other, Please Specify: _____

Assigned Gender

Marital Status

Binary Gender is required by the Pennsylvania Public School Employees' Retirement System (PSERS) and our Health Insurers.

- Male
Female

- Single
Married
Not Reported

CURRENT

Name and Date of Birth

Complete the below as it currently appears in the system.

- Prefix: Ms. Mr. Mrs. Mx.
Blank (not reported) Dr.

First Name:
Middle Name:
Last Name (Suffix, if any):
Date of Birth: (MM/DD/YYYY)**

NEW

Name and/or Date of Birth

Complete the below with the requested change(s).

- Prefix: Ms. Mr. Mrs. Mx.
Blank (not reported) Dr.

First Name:
Middle Name:
Last Name (Suffix, if any):
Date of Birth: (MM/DD/YYYY)**

Email the completed form to Benefits@philasd.org from your school district email address.

If submitted by fax (215) 400-4631, U.S. Mail or from a personal email address, please provide your School District Employee ID Number and Date of Birth for verification.

School District of Philadelphia
440 North Broad Street, Suite G-10
Philadelphia, PA 19130

OR

Fax: (215) 400-4631
E-mail: benefits@philasd.org

Employee Signature

Date

Day time phone number

*This name will be reflected on your paycheck, any insurance elected through the School District, the Pennsylvania Public School Employees' Retirement System (PSERS), and official reporting to the IRS.

**We require an official government document to update your Date of Birth.

***This form will not update your email address with the District, please contact the IT help desk at (215) 400-5555 or helpdesk@philasd.org if you require email support.

****You are responsible for submitting the required name change documentation to your respective union and the Pennsylvania Department of Education, if applicable.