

**Charter School Employee ID /Employee ID Inactivation/Address Change Request  
Leon County Schools**

Assignment of Leon County School Board employee ID numbers are required for charter school employees. Upon initial hire, termination from the charter school, or change in employee home address, this form should also be submitted. The form will need to be emailed to the charter school office at: [owensb@leonschools.net](mailto:owensb@leonschools.net).

**CHOOSE ACTION**

Assign Employee ID Number \_\_\_\_\_

Inactivate Employee ID Number \_\_\_\_\_

Address Change \_\_\_\_\_

Date of Request \_\_\_\_\_

**Employee Information (Please Print)**

1. First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_
2. Employee's Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
3. Social Security Number \_\_\_\_\_
4. Position Held by Employee \_\_\_\_\_
5. Employee's Email Address: \_\_\_\_\_
6. If requesting inactivation, provide final date of employment \_\_\_\_\_

**Charter School Information (Please Print)**

1. Name of School \_\_\_\_\_
2. School Number \_\_\_\_\_
3. School Contact Name \_\_\_\_\_
4. School Contact Phone Number \_\_\_\_\_
5. School Contact Email Address \_\_\_\_\_

\_\_\_\_\_  
**Charter School Contact Signature                          Date                          Printed Name**

\_\_\_\_\_  
**LCSB Charter School Office Signature                          Date                          Printed Name**

\_\_\_\_\_  
**LCSB Human Resources Department Signature                          Date                          Printed Name**

(Amended 9/27/17)