

# HOW TO REQUEST A NAME CHANGE

(Hernando County School District Employees Only)

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**If you need assistance with this process or with your user name or password or the My HR Docs option is not available to you, please contact HR and speak with one of the Employment Specialist at (352) 797-7070, ext. 440 or 460.**

- Log into your Hire Enterprise employment application by typing the link below or you can go to [hernandoschools.com/staff](http://hernandoschools.com/staff), find and open the form titled “How to Update Your Contact Information” and click the link located under the first bullet point.

[https://hcsbjobs.searchsoft.net/ats/trans\\_login.shtml?COMPANY\\_ID=00005595](https://hcsbjobs.searchsoft.net/ats/trans_login.shtml?COMPANY_ID=00005595)

- Click “Accept” at the bottom of the Disclaimer
- Click on “My Application” at the top of the page
- Click on “Transfer Application”
- Update your contact information
- Click on the “Save and Next” button at the bottom of the page
- At the top of the page, click on “My HR Docs” and select “My HR Home”
- Under “Quick submit form:” select Update Contact Information
- Click the “Submit” button
- Complete the form
- At the bottom of the form, click “Select an action”
- Select “Submit – Assign to ‘Employee Spec’ user
- Select your “Employee Spec” user (it does not matter which name you select, just pick one)
- Enter your password (it is the same as your Hire Enterprise employment application password)
- Add comments, if needed
- Click the “Submit” button
- Submit all of the information requested on the next page

# REQUIRED DOCUMENT FOR A NAME CHANGE

(Hernando County School District Employees Only)

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## COMPLETE THE ATTACHED FORMS AND SEND TO HR - DO NOT EMAIL!

- Employee Questionnaire Form
- W-4 Form - Employee's Withholding Certificate
- Form I9 – Employment Eligibility Verification (Page 1 only)
- Authorization - Agreement for Automatic Direct Deposit of Payroll Form (See Note)

**Note:** Payroll does not accept Bank Statements, Starter Checks, Business Checks, and Deposit Slips. You must attach a voided check to this form. Your new name must be imprinted on the check. Handwritten names will not be accepted. If you do not have a check, you must attach a signed letter on bank letterhead to include your new name, financial institution name, type of account (checking or savings), account number and routing number.

## INCLUDE THE FOLLOWING ITEMS IN YOUR PACKAGE AND SEND TO HR - DO NOT EMAIL!

- A copy of your Marriage License or Divorce Decree
- A copy of your New Florida Driver's License
- A copy of your New Social Security Card (See Note)

**Note:** Your Social Security Card must be signed and must match the name on the Florida Driver's License.

**If you are not able to visit HR in person with your completed items, please have the confidential secretary at your work site examine and initial a copy of your original Social Security Card and Florida Driver's License before sending the items to HR.**

# EMPLOYEE QUESTIONNAIRE

For Applicants to the Hernando County School District  
919 North Broad Street  
Brooksville, FL 34601

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*All information must be printed.*

Last name \_\_\_\_\_

First name \_\_\_\_\_ Middle \_\_\_\_\_

Former Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Office Box \_\_\_\_\_

\_\_\_\_\_

Home Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Date of Birth (Month, Day, Year) \_\_\_\_\_

Gender \_\_\_ Male \_\_\_ Female

Are you a Veteran \_\_\_ Yes \_\_\_ No

## **Marital Status**

\_\_\_\_\_ S = Single (never married, separated, divorced, or widowed)

\_\_\_\_\_ M = Married

## **Emergency Contact**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship \_\_\_\_\_ (Husband/Wife/Daughter/Son/Neighbor/etc.)

Emergency Home Num. (     ) \_\_\_\_\_ Emergency Cell Num. (     ) \_\_\_\_\_

Have you retired with the Florida Retirement System in the past twelve (12) months?

\_\_\_ Yes if yes, date retired \_\_\_\_\_ \_\_\_ No

Are you a participant of the Florida Retirement System DROP Program? \_\_\_ Yes \_\_\_ No

### **HCSD – Human Resources Department Use Only**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_ New Employee ID # \_\_\_\_\_

## Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
▶ **Give Form W-4 to your employer.**  
▶ **Your withholding is subject to review by the IRS.**

# 2021

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):  Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____  Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____  Add the amounts above and enter the total here . . . . . <b>3</b> \$ _____		
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶		▶ _____ ▶
	<b>Employee's signature</b> (This form is not valid unless you sign it.)		<b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page

**AUTHORIZATION - AGREEMENT**  
**FOR AUTOMATIC DIRECT DEPOSIT OF PAYROLL**  
**Required for ALL Employees**  
Hernando County School District  
919 North Broad Street  
Brooksville, FL 34601

*All information must be printed.*

\_\_\_\_\_ **New Authorization**

\_\_\_\_\_ **Change of Authorization**

\_\_\_\_\_  
Name (Last, First, Middle)

\_\_\_\_\_  
Social Security Number

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

**Your Financial Institution's Name and Address**


**Bank Routing Number**

**Account Number**

**Type of Account** \_\_\_\_\_ **Checking Account** \_\_\_\_\_ **Savings Account**

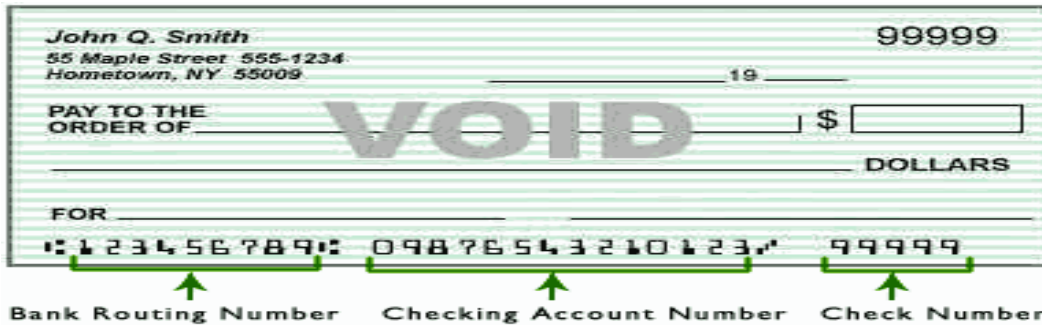
*I hereby certify that I am the owner of the above account and authorize the Payroll Department of the Hernando County School District to deposit the full net amount of my payroll check, unless another amount has been specified above, to the financial institution/account indicated above, and to post debit entries to correct any deposits made in error. This authorization shall remain in full force and effect until you have received written notification from me of its termination/change in such a manner to afford you a reasonable opportunity to act upon it.*

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

*Please Note: Payroll does not accept Starter Checks, Business Checks, and Deposit Slips. You must attach a voided check to this document. Your name must be imprinted on the check. Handwritten names will not be accepted. If you do not have a check, you must attach a signed letter on bank letterhead to include all of the above information.*

**ATTACH YOUR VOIDED CHECK HERE**



**HCSD – Payroll Department Use Only**

Processed by \_\_\_\_\_ Date \_\_\_\_\_ Cost Center \_\_\_\_\_