

HOW TO REQUEST A NAME CHANGE

(Hernando County School District Employees Only)

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 Human Resources and speak with our Employment Specialist Brittany Beltran at (352) 797-7005, ext. 114.

- Log into your Hire Enterprise employment application by typing the link below or you can go to hernandoschools.org/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.atenterprise.powerschool.com/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

(Revised 02/12/24)

REQUIRED DOCUMENT FOR A NAME CHANGE

(Hernando County School District Employees Only)

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

- Employee Questionnaire Form
- W-4 Form - Employee's Withholding Certificate
- Direct Deposit Form (**Reference the note at the bottom of this page.**)

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 (**Reference the note at the bottom of this page.**)

Notes:

1 - Your name **MUST** be updated on your bank account and a Direct Deposit Form must be submitted with your package. An HR representative is required to verify and witness you sign this form.

2 - Your Social Security Card must match the name on the Florida Driver's License.

~~IF YOU ARE UNABLE TO COME TO THE HUMAN RESOURCES DEPARTMENT~~

Direct Deposit Form – The employee who completes the payroll for your school/department can complete this process. They have been provided specific instructions from Payroll. You will need to include the completed form in your packet.

Social Security Card and Florida Driver's License – The confidential secretary for your school/department must validate the new name on both of these items. They must make a copy of the items and initial and date it. The copy must be included in your packet.

IF YOU ARE SENDING YOUR PACKET TO HR, ENSURE ALL THE REQUIRED ITEMS ARE INCLUDED IN THE PACKET. DO NOT SCAN THE ITEMS TO HR, IT MUST BE SENT TO HR VIA INTEROFFICE MAIL.

EMPLOYEE QUESTIONNAIRE

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

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

OMB No. 1545-0074

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.****2025****Step 1:**
Enter
Personal
Information

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

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at www.irs.gov/W4App.

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 for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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.)

Step 3: Claim Dependent and Other Credits	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). 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	4(a)	\$
	(b) Deductions. 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	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers
Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)