EMPLOYEE CHANGE FORM

EMPLOYEE'S NAME:

_____

ASSIGNMENT:

_____

EFFECTIVE DATE:

_____

◊ **CHANGE OF ADDRESS**

New Address: _____

_____

Telephone Number: _____

E-Mail Address (For ConnectEd): _____

◊ **CHANGE OF TELEPHONE NUMBER ONLY**

Old Telephone Number: _____

New Telephone Number: _____

◊ **CHANGE OF NAME** (name must appear exactly as on Social Security card – attach copy of Social Security card with new name along with a new W-4 and Direct Deposit Form – if applicable)

New Name: _____

The W–4 and Direct Deposit Form can be obtained from the district website.

If you need to change insurance coverage or beneficiary information, please contact Human Resource/Employee Benefits Clerk at extension 226 at the Board Office.

_____ _____

Signature **Date**

Original to Superintendent's Office - Copy to School Office

For Office Use Only: ___ Systems ___ConnectEd ___Payroll ___Medical ___Dental ____Aesop ___911 ___MLP