

SCOTCH PLAINS-FANWOOD BOARD OF EDUCATION
PERSONAL INFORMATION CHANGE NOTICE

NAME:

Social Security #

This form is to be completed and forwarded to the **HUMAN RESOURCES OFFICE** anytime there is a potential change in an employee's status or if there is a change of address.

This form will not change information for Payroll Federal and State taxes. A W-4 form must be requested from the Payroll Office.

Please complete the appropriate section below:

1. **NAME CHANGE: (see checklist below)**

_____ (current name on file)

_____ (revised name)

2. **ADDRESS CHANGE:**

Current Address: _____ (street)

New Address _____ (street)

_____ (town) (state) (zip)

_____ (town) (state) (zip)

3. **PHONE NUMBER CHANGE:**

Primary Phone Number (including area code):

Secondary Phone Number (including area code):

4. **PERSONAL EMAIL ADDRESS CHANGE:**

5. **EMERGENCY CONTACT INFORMATION:**

NAME:

PHONE:

RELATIONSHIP:

NOTE TO STAFF WHO CHANGE MARITAL STATUS & WISH TO CHANGE THEIR SURNAME:

Check List:

- Fill out this form with new information.
- Contact Payroll Office for new W-4 form.
- Contact Social Security office for name change.
(Name change cannot be installed on payroll records until new card is received.)
- Contact NJEA office for name change.
- Contact credit union for name change.
- Change of beneficiary forms: Employee must complete online at Division of Pensions.
Tax Shelter Form must be requested of tax shelter company.
- Contact Prudential Disability Insurance (if applicable).
- Contact SPF Benefits Office for dependent additions or deletions.

Employee's Signature

Date