

Passaic Public Schools

DIVISION OF HUMAN RESOURCES

663 Main Avenue, 10th Floor, P.O. Box 388, Passaic, NJ 07055

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Office: (973) 591-1857 / Fax: (973) 771-5037

Please Print Clearly

This form is to be used to notify the Employer of any change in status.

This form supersedes all other status change forms.

PERSONNEL DATA CHANGE REQUEST FORM

Last Name

First Name

Middle Name

Last 4-Digits of Social Security #: _____

Current Work Location: _____

Position/Assignment: _____

Work Number: (____) _____

NAME/ADDRESS CHANGE

NEW Name*

Effective Date of Change: ____/____/____

(Attach a copy of your NEW signed social security card*)

Last Name

First Name

Middle Name

NEW Address

Street Address

Apt.

Floor

City

State

Zip Code

Home Phone Number: (____) _____

Cell Phone Number: (____) _____

Home E-Mail Address: _____

Emergency Contact Information

Emergency Contact Name

Emergency Contact Relationship

Emergency Contact Phone Number

Employee Signature

Date

RETURN COMPLETED FORM TO THE DIVISION OF RESOURCES