

Office use only: Date _____
Initial _____
Cc: MC/LS _____

MILLVILLE PUBLIC SCHOOLS Employee Change of Information Form

Please forward this form to Human Resources and give a copy to the Principal's Secretary at your school.

Employee Name: _____

School/Building: _____ Date: _____

Soc. Sec. #: (last four digits) _____ Signed: _____
(if completed electronically, type your initials)

Check any changes that apply:

NAME CHANGE

Former Name: _____

Change to: _____

ADDRESS CHANGE

Former Address: _____

Change to: _____

PHONE NUMBER(S) CHANGE

New Home Phone: _____

New Cell Phone: _____

New Emergency Phone: _____