



HUMAN RESOURCES

Employee Information Change Form

Date of Request: _____

Effective Date of Change: _____

Employee Name: _____

Last 4 of Social Security Number: _____

Type of Change: (Check the box next to the change)

<input type="checkbox"/>	<p><u>Name Change</u> Please submit documentation of name change</p> <p>Old Name: _____</p> <p>New Name: _____</p> <p>Name change must be reported to ERS (866-805-0990 or TRS (800-782-0289) by the employee If there is a life changing event, please be sure to contact ERS/TRS for Beneficiary Purposes</p>
<input type="checkbox"/>	<p><u>Address Change</u></p> <p>From: _____</p> <p>City/State: _____ Zip: _____</p> <p>To: _____</p> <p>City/State: _____ Zip: _____</p>
<input type="checkbox"/>	<p><u>Phone Number Change</u> New Number ONLY</p> <p>Home: _____ Cell: _____</p>
<input type="checkbox"/>	<p><u>Emergency Contact</u></p> <p>Name: _____ Relationship: _____</p> <p>Phone: _____ Cell: _____</p>

Please answer the following:

Do you have Health Insurance with BOCES? Yes No

Do you have Dental Insurance with BOCES? Yes No

Employee Signature: _____ **Date:** _____

Please be sure to fill out this form and submit to the Human Resources Department at BOCES.
It is imperative that the Payroll and Human Resources Departments have correct information.