



Public Schools of Edison Township

EMPLOYEE CHANGE OF STATUS FORM

This form is for use by employees of the EBOE who wish to change information in personnel, payroll and medical records. It is the responsibility of the employee to inform their school of any changes.

For **name changes**, you must include a copy of the marriage certificate or divorce decree **and** your Social Security Card reflecting your new name. You have **30** days from the date of the life event to change your name. **Name changes will not be made without those forms**

For changes affecting **health benefits**, complete the forms available at your school and submit to the Health Benefits Office with a copy of the birth or marriage certificate or divorce decree **and** the Social Security Card. You have **30** days from the date of the life event to add or remove beneficiaries.

Full Name: _____ School: _____ Date: _____

Last 4 of your SSN: XXX-XX-_____

Legal Name Change: **FROM:** _____ **TO:** _____

Change in Marital Status (Circle One): Single Married Divorced Widowed Civil Union

Spouse's Name (**Optional**): _____

New Address (Street, City, State, Zip Code): _____

New Phone (Cell): _____ **New Phone (Home):** _____

New Personal Email: _____

Gender Change: From _____ **To** _____ **(must be accompanied with court documents.)**

New Emergency Contact Name: _____ **Phone:** _____

Signature: _____

Return this information to the Human Resources Department

HR use only.

Email to: IT, BA office, ETEA President and Rep, HR, Enrollment and Benefits

Nothing Less Than Excellence