

**TRUMBULL PUBLIC SCHOOLS
TRUMBULL, CONNECTICUT**

Human Resources

PERSONNEL CHANGE FORM

Please send to the Human Resources Office

Employee Name _____ Employee Number _____

School _____ Position _____ Date _____

Please include the following changes on my Personnel/Business Office records:

Change of Name:

MEDICAL RECORD, CARD, MUNIS, INFINITE CAMPUS, AESOP, FILEMAKER PRO, EMAIL

From: _____ To: _____

Change of Address:

MEDICAL RECORD, CARD, MUNIS, INFINITE CAMPUS, AESOP

From: _____ To: _____

Change of Phone Number(s):

MEDICAL RECORD, CARD, MUNIS, INFINITE CAMPUS, AESOP

HOME:

From: _____ To: _____

CELL:

From: _____ To: _____

AlertNow - Please check here if you wish to have text messages sent to this cell phone number.

Change of School

MEDICAL RECORD, CARD, MUNIS, INFINITE CAMPS, AESOP, FILEMAKER PRO, EMAIL

From: _____ To: _____

Please contact Christine Madden, 452-4349, for health and dental insurance forms with regard to adding or deleting members, beneficiary and/or address changes.

**Teacher retirement beneficiary forms area available through the internet
(<http://www.ct.gov/trb/lib/trb/formsandpubs/SURV.pdf>) or from the Human Resources Office.**

In addition, if your status has changed, you need to complete new State and Federal tax forms, which are available through Human Resources and Payroll.