

**PINE PLAINS CENTRAL SCHOOL DISTRICT
BUSINESS OFFICE**

TEL: (518) 398-7181

FAX: (518) 398-6592

EMPLOYEE CHANGE FORM

TYPE OF CHANGE

- Address Change
- Name Change
- Phone Number Change
- Emergency Contact Info Change
- Other _____

Effective Date: _____

PERSONAL INFORMATION

Employee Name: _____ Social Security #: _____
Last First MI

Address:

Street City State Zip

Mailing Address:

Street City State Zip

Home Phone: (____) _____ Cell Phone: (____) _____
Area Code Area Code

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address:

Street City State Zip

Home Phone: (____) _____ Work Phone: (____) _____
Area Code Area Code

EMPLOYEE SIGNATURE: _____ DATE: _____

**All changes to be made must be submitted no later than 4:00 pm on the last working day of the month in order to be processed by the first payroll of the month.*

For Office Use Only:

- Payroll – Taxes
- Personnel
- Technology / Data
- Benefits
- Retirement System