# BARNEGAT TOWNSHIP SCHOOLS

## EMPLOYEE CHANGE FORM

TO: PAYROLL/PERSONNEL DATE: _____

Employee Name_____ Position_____ School/Bldg_____

Please enter the following change(s) below. Date to take effect: _____

| Check all applicable boxes: | FROM | TO |
|---|---|---|
| _____ Name | | |
| _____ Address | | |
| _____ Phone | | |
| _____ Marital Status | | |
| _____ No. of Dependents | | |
| _____ Other (Please list) | | |
| | | |
| | | |

Reason for the change(s):

_____ Moved _____ Marriage _____ Divorce

_____ Birth of Child _____ Adoption _____ Other

If other, please note: _____

_____

**IF THE CHANGE WILL CAUSE A CHANGE IN BENEFIT COVERAGE, PLEASE CONTACT THE PAYROLL OFFICE AT X5101 or X5103 TO FILL OUT THE PROPER FORMS.**

*Personnel Use*

*Date Completed Changes*_____