## GREAT NECK PUBLIC SCHOOLS CHANGE IN EMPLOYEE INFORMATION

(This form will be used for your records in Human Resources and Payroll only)

Employee:	Position:	
Location:	Work #:	SS #: (last four-digits only)
Check off box(es) of information t		
Effective date of change(s):		
Name:	quire supporting documentation – conta	act HR for further information)
Legal Address:		
NOTE: If mailing address is different	than legal address, provide mail	ing address on the back of this form.
☐ Home #:	Cell #:	_
☐ Do <u>not</u> include my address in the		
In The Event of an Emergency: (Nea	arest relative/person to be contacte	ed)
☐ Name:	Relation	onship:
Phone #s:		)
☐ Personal Physician to be contact	ted:	
Name:		Phone:
I certify that the above informati	ion is true and I give permissi	ion to change my records.
Employee Signature:		Date:
(Note: Signature required for any changes to be made.)		

## \*\*IT IS IMPORTANT TO:

- Change your name on your TEACH account by logging into the following website: http://www.highered.nysed.gov/tcert/teach
- Notify the *New York State Teachers' Retirement System* (if you are a member) by filling out the "TRS" form and mailing it directly to them or contact them at 800-356-3128 for additional information.
- Notify the *Employees' Retirement System* (if you are a member) by filling out the "ERS" form and mailing it directly to them or contact them at 518-474-7736 (District Code 72827) for additional information.
- Notify GNTA (Great Neck Teachers' Association) at 516-829-9070.
- Notify NYSUT via mail at: 800 Troy-Schenectady Road, Latham, NY 12110-2455 or via fax at 518-213-6413.
- Notify the Credit Union (if you are a member) at 516-441-4068.
- If your name has changed, notify the Social Security Administration Office at 1-800-772-1213 or go to their website at <a href="www.ssa.gov">www.ssa.gov</a>, and request form SS-5 so that your earnings may be accurately credited.