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**EDUCATIONAL SERVICES COMMISSION of NEW JERSEY**

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**Change of Staff Contact Information / Return to your Supervisor**

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
School / Program

\_\_\_\_\_  
Date

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Please Note my change of:

<b>Address:</b>	
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<b>Phone:</b>	<u>Cell:</u> <u>Home:</u>
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<b>Name:</b>	Please attach proof of name change (i.e. marriage cert), updated W-4 and updated social security card.
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<b>Email:</b>	
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Supervisor's Signature

Attn. Dept. Supervisor: **RETURN TO HUMAN RESOURCES DEPT VIA INTEROFFICE MAIL**