PEMBERTON TOWNSHIP SCHOOL DISTRICT
P.O. BOX 228, ONE EGBERT STREET
PEMBERTON, NEW JERSEY 08068

EMPLOYEE DEMOGRAPHIC CHANGE FORM

FORWARD FORM TO THE HUMAN RESOURCE DEPARTMENT

EMPLOYEE NAME:_____

EFFECTIVE DATE:_____

INDICATE CHANGE: ☐ **Name** ☐ **Address** ☐ **Telephone** ☐ **Emergency Contact Information**

NEW NAME (attach copy of appropriate documentation, i.e.; marriage certificate, social security card, etc.) **Updated SS card in new legal name is required for Payroll/IRS purposes**.

_____

PHYSICAL ADDRESS (Required)

_____

_____

_____

MAILING ADDRESS, If different than Physical

_____

_____

_____

****NEW PHONE NUMBER (Include area code)**

☐ **Home Phone#** _____ ☐ **Cell Phone#**_____

✓ *****Please indicate which number to use for Emergency Calling System***

EMERGENCY CONTACT INFORMATION

Name _____ **Phone Number** _____

Relationship to Employee _____

_____ _____

Signature **Date**

By signing above, I hereby attest that the address listed above is my principal residence* in the State of New Jersey pursuant to N.J.S.A. 52:14-7. *In accordance with statute, "… a person may have only one principal residence, and the state of a person's residence means the state (1) where the person spends the majority of his or her nonworking time, and (2) which is most clearly the center of his or her domestic life and (3) which is designated as his or her legal address and legal residence for voting. The fact that a person is domiciled in this State shall not by itself satisfy the requirement of principal residency."

Personnel Use Only:

Employee File #	**Copies To:**
File Copy	**Computer Services(NAME Chg.)**
Changes CSI By:	**Security/Badge(Name Chg.)**
Original: Forward to Payroll	**Health Benefits Coordinator**
Sub Coordinator	**PTEA(Name Change)**

Revised 9/2015