

**WASHINGTON TOWNSHIP PUBLIC SCHOOLS
CHANGE OF NAME AND/OR ADDRESS FORM**

**This form will serve as notice for Benefits, Payroll, and Personnel, as well as the Staff Directory.
Please print all information and return to the Payroll Department.**

NAME: _____

Last 4 of SSC #: _____

FORMER NAME (IF APPLICABLE): _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

- ☐ Listed
- ☐ Unlisted – My phone number is unlisted but I would like it included in the Staff Directory
- ☐ Unlisted – My phone number is unlisted, and I do not want it included in the Staff Directory

BUILDING/SCHOOL: _____

If you are anticipating a reimbursement check from Accounts Payable, (i.e., Mileage, Tuition, etc.):
Please be advised that the address on the purchase order must be changed separately. You must notify your supervisor or originator of your purchase order to have the address changed.

SIGNATURE _____

Date _____