YALE PUBLIC SCHOOLS – PERSONAL DATA CHANGE FORM

Please CHECK the area of change(s)

_____ Name*

_____ Address:

_____ Telephone:

_____ Family Status**

_____ Other Change(s)***

BUILDING & POSITION: _____

*FORMER NAME: _____

NAME: _____

DO YOU WANT YOUR EMAIL CHANGED TO YOUR NEW NAME? ☐ YES ☐ NO

ADDRESS: _____

TELEPHONE: _____ CELL: _____ WORK: _____

**DATE OF MARRIAGE: _____ NAME OF SPOUSE: _____

DO YOU WANT YOUR SPOUSES NAME LISTED IN THE STAFF DIRECTORY? ☐ YES ☐ NO

**DATE OF CHILD'S BIRTH: _____ NAME OF CHILD: _____

***OTHER CHANGE(S): _____

_____

EFFECTIVE DATE: _____

ANY ADDITIONS TO YOUR HEALTH, DENTAL, OR VISION INSURANCE COVERAGE MUST BE REPORTED BY YOU WITHIN THIRTY (30) DAYS. ANY DELETIONS MUST BE REPORTED AS SOON AS POSSIBLE IN ORDER TO COMPLY WITH COBRA GUIDELINES.

IF YOU REPORTING A NAME CHANGE, YOU MUST ALSO SUPPLY A COPY OF YOUR DRIVERS LICENSE AND SOCIAL SECURITY CARD. THE FOLLOWING ITEMS MUST ALSO BE CHANGED BY YOU PERSONALLY.

INSURANCE FORMS
PAYROLL WITHHOLDING FORMS
MICHIGAN RETIREMENT FORM

_____ _____

Signature Date

OFFICE USE ONLY:
DATE RECEIVED: _____ COPY TO: Nancy M. _____ Jill H. _____ Nichole G. _____