

WAYNE PUBLIC SCHOOL DISTRICT
EMPLOYEE CHANGE OF INFORMATION FORM

Please complete this form and return it to Human Resources.

Type of Change: Name Change Only
 Change of Address Only
 Change of Both Name & Address
 Change of Telephone/Cell Phone Number(s)

Effective Date of Change: _____

PLEASE PRINT

Current Name: _____

Change Name to: _____
Check: Married Return to Maiden

Current Address: _____
Street Town State Zip

Change Address to: _____
Street Town State Zip

New Telephone Number: _____

New Cell Phone Number: _____

****PLEASE NOTE THAT THIS FORM WILL BE FORWARDED TO THE APPROPRIATE OFFICES; (ie: AESOP; PAYROLL; BENEFITS; TECHNOLOGY; WEA UNION)**

PAYROLL WILL NEED A NEW W-4 SIGNED IF CHANGING NAME OR DEPENDANTS (form on staff website)