



MANCHESTER PUBLIC SCHOOLS

45 North School Street
Manchester, Connecticut 06042

NOTICE OF NAME AND/OR ADDRESS CHANGE

PLEASE NOTE: If you are changing your name, you **MUST** provide Human Resources with your original social security card with your **NEW** legal name. **TEACHERS** should also change their name and/or address with the State Department of Education.

EMPLOYEE ID#: _____ SCHOOL/LOCATION: _____

NAME ON FILE: _____

POSITION: _____

CHANGE OF NAME:

IF APPLICABLE, DISPLAY NAME ON THE INTERNAL BOE EMAIL WILL BE UPDATED

NEW LEGAL NAME (IF NAME CHANGE): _____

DID YOU NOTIFY THE STATE (IF APPLICABLE)? YES NO

EFFECTIVE DATE FOR CHANGE: _____

CHANGE OF ADDRESS:

NUMBER AND STREET: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

DID YOU NOTIFY THE STATE (IF APPLICABLE)? YES NO

EFFECTIVE DATE FOR CHANGE: _____

Signature

Date

RETURN TO: Human Resources, 45 North School Street, Manchester, CT 06042

To Be Completed By Human Resources

Original SS Card copied by: _____ (HR initial) Munis Updated _____ Kelly Updated _____

Group notification _____ File Label _____