



# Cornwall Central School District

## Employee Form to change Name\*, Address, and/or Phone

PLEASE PRINT LEGIBLY

Today's Date: \_\_\_\_\_

Name\* (printed): \_\_\_\_\_

Current Position: \_\_\_\_\_

Current Building/Dept.: \_\_\_\_\_

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

	<u>OLD INFORMATION</u>	<u>NEW INFORMATION</u>
Address		
Home Phone		
Cell Phone		

Please include any other necessary information you would like to include:

**\*PLEASE NOTE:** *In order to process a name change, you must present a Social Security card in person to the Payroll Department with the new name.*

**Personnel Use Only:**

- Personnel File
- nVision
- Medical
- Dental
- Aesop

Send Form/Link to Employee w/email:

- FSA/HRA/HSA
- ERS/TRS

\_\_\_\_\_  
Signature