

# Haverhill Public Schools

## Employee Change of Information

Date: \_\_\_\_\_

### Previous Information: Please Print

Name \_\_\_\_\_

Address \_\_\_\_\_

Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # (    ) \_\_\_\_\_

Cell Phone # (    ) \_\_\_\_\_ (Optional)

### New Information: Please Print

Name \_\_\_\_\_

- The legal document supporting the name change must be attached (example... marriage certificate).

Address \_\_\_\_\_

Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # (    ) \_\_\_\_\_

Cell Phone # (    ) \_\_\_\_\_ (Optional)

Member of Bargaining Unit – Please circle:

Administrators Teachers ESP Clerical Custodian Cafeteria Transportation

Please forward to Human Resources – Central Office – Room 104

For Office Use Only:

[ ] Human Resources – Date Complete \_\_\_\_\_ (Please update and forward to Benefits)

[ ] Benefits – Date Complete \_\_\_\_\_ (Please update and forward to the Payroll Department)

[ ] Payroll – Date Complete \_\_\_\_\_ (Please update and forward to the Budget and Grants Department)

[ ] B & G - Vendor Maintenance – Date Complete \_\_\_\_\_ (Please update and forward to the Human Resource Dept.)

Human Resources – Copy Mailed to Bargaining Unit – Date: \_\_\_\_\_

Human Resources - To be file in Employee Folder

SLM – Revised 5.2.2011