

Haverhill Public Schools

Employee Change of Information

Date: _____

Previous Information: Please Print

Name _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

New Information: Please Print

Name _____

AN UPDATED SOCIAL SECURITY CARD IS REQUIRED FOR ALL NAME CHANGES

Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Member of Bargaining Unit – Please circle:

Administrators	Cafeteria	Clerical	Custodian	ESP	Nurses	Teachers
Transportation	Security	Maintenance				

Please forward to Human Resources – Central Office – Room 104

For Office Use Only:

[] Human Resources (SB & BS) – Date Complete _____ (Please update and forward to Benefits)

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

[] Accts. Payable - Vendor Maintenance – Date Complete _____ (Please update and forward to the HR Dept.)

[] Human Resources – Email to Bargaining Unit – Date: _____

[] Human Resources - To be filed in Personnel File