

EMPLOYEE CHANGE FORM
ADDRESS/PHONE -- PAYROLL/BENEFITS

(Please give original to your Building Principal's Secretary for processing)

NAME: _____

SS#: _____

POSITION: _____ Building: _____

EFFECTIVE DATE: _____

ADDRESS: _____

PHONE: _____

E-Mail: _____

WITHHOLDING CHANGE:
(Need to fill out new W-4 and/or M-4)

Federal: _____ State: _____

HEALTH INSURANCE: _____

Signature: _____

FOR OFFICE USE ONLY

PROCESSING ORDER

1. **Building Secretary**
2. **Payroll / Business Department**
☐ ADP
3. **Superintendent's Office**
☐ I-Pass / Connect-Ed / Staff Directory
4. **Town Hall** - Attn: Ann Maddeford
5. **EAPC Office**