



# Simsbury Public Schools

933 HOPMEADOW STREET

SIMSBURY, CONNECTICUT 06070

## CHANGE OF NAME and/or ADDRESS

Change of Employee Name:

NEW NAME: \_\_\_\_\_  
(Please print)

FORMER NAME: \_\_\_\_\_  
(Please print)

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

**\*\* PLEASE NOTE: A COPY OF YOUR NEW SOCIAL SECURITY CARD IS REQUIRED TO CHANGE YOUR NAME. PLEASE CONTACT PAYROLL IF YOU NEED HELP OBTAINING THE SOCIAL SECURITY FORMS REQUIRED TO CHANGE YOUR NAME.**

Change of Employee Address:

NAME: \_\_\_\_\_  
(Please print)

NEW ADDRESS: \_\_\_\_\_  
(Please print)

FORMER ADDRESS: \_\_\_\_\_  
(Please print)

NEW PHONE #: \_\_\_\_\_

FORMER PHONE #: \_\_\_\_\_

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

*Request **MUST** be submitted to **BOTH** the Payroll Department, BOE Central Office **AND** to Cindi Freiling, Human Resource Coordinator, BOE Central Office*