Change of Employee Data/Status Form

Employee Name:

Building: **Tenure Area/Department:**

Change of Name: **Effective Date:** ____/____/_____

My name_____ change to _____

Please use the name of _____ for all future correspondence/record keeping/transactions on my behalf.

Change of Address/Telephone Number **Effective Date:** ____/____/_____

Street Address: _____

Town, State & Zip Code: _____

Telephone Number: (_____) _____-_____

Change of Employee Status*: **Effective Date:** ____/____/_____

From		**To**	
___	Full Time	___	Full Time
___	Part Time	___	Part Time
___	On-Call	___	On-Call
___	Began as Substitute	___	Completed Substitute Position
___	Start Leave of Absence	___	Return from Leave of Absence
___	Resignation	___	Retirement
___	Disability (W.C.) Began	___	Disability (W.C.) Ended

Other (Please explain: _____

*** A Completed Board Agenda Form must accompany any of these changes**

Please check if applicable to update information:

Health Coverage: ____ CDPHP ____ MVP ____ NYSHIP ____ EMBLEM

Dental: ___ AETNA **Vision:** ___ EYEMED

_____ _____

Employee name (please print) Signature of Employee

Date Submitted: ___/___/_____

Please forward this completed form to the Payroll clerk in the Business Office at the Administration Building

For Administrative Office use-

_____	Received by Payroll Clerk	Date: ___/___/_____
_____	Received by Benefits Administrator	Date: ___/___/_____
_____	Received by Personnel Office	Date: ___/___/_____
_____	Received by Technology Dept.	Date: ___/___/_____
_____	Received by Business Office	Date: ___/___/_____