

EAST CHINA SCHOOL DISTRICT

CHANGE OF ADDRESS AND/OR NAME* FORM

PLEASE RETURN FORM TO CENTRAL OFFICE Attn: PERSONNEL OFFICE

Old Information:

Name _____

Address _____

City, State, Zip _____

Phone _____

New Information:

Name _____

Address _____

City, State, Zip _____

Phone _____

Effective Date: _____

*Note: If this is due to a change in marital status, you may wish to consider a change in your health insurance, retirement beneficiary, tax withholdings and life insurance beneficiary if applicable. Contact the Business Office to do so.

Internal Use Only: ___ Benefits/PR ___ SubFinder ___ Zangle ___ Personnel/Directory ___ Supt. ___ Tech.