



Elmira City School District Change of Personal Data

Date _____ Form 491.03

Name _____ *is this a name change? _____

Former last name _____ New last name _____

Home Address _____

City/State/Zip code _____

Home phone () _____ Cell phone () _____

Position _____ Building _____

Person to contact in an emergency _____

Relationship _____ Phone number _____

Employee signature _____

***for name changes, please present identification in person to Administration. Preferred documentation would be a social security card or driver's license with your new name.**

It is mandatory that new tax forms are filled out for any name change.

Insurance, Payroll (including new tax forms), computer access & email, Staff Directory and name badge will all need to be updated with your new name.

Return to Personnel Department, 951 Hoffman Street, Elmira, NY 14905

For Personnel Use Only:	
_____	WINCAP
_____	Staff Directory
_____	Insurance
_____	Payroll (including new tax forms)
_____	Network Access
_____	Fob/Badge
_____	Subfinder
_____	Employee & Medical Files