



Elmira City School District Change of Personal Data

Date _____ Form 491.03

Name _____

*is this a name change? _____ Former last name _____

*for name changes, please present identification (social security card or driver's license in your new name) **in person** to Administration.

Home Address _____

City/State/Zip code _____

Home phone () _____ Cell phone () _____

Position _____ Building _____

Person to contact in an emergency _____

Relationship _____ Phone number _____

Employee signature _____

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

*to add or remove coverage of a dependent to/from your health insurance, You will need to provide your Marriage Certificate/Divorce Decree which must be completed within 30 days of the event.

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, 430 W. Washington Ave, Elmira, NY 14901

For Personnel Use Only:

___ WINCAP *

___ Staff Directory *

___ Insurance *

___ Enrollment form if adding/removing spouse *

___ Payroll (including new tax forms) *

___ Employee & Medical Files *

___ Network Access *

___ Fob/Badge *

___ Aesop *

___ Civil Service RPC

___ TRS/ERS Name Change and Beneficiary Change forms *

___ Direct Deposit Form (if there is a Bank/Account Change) *

* **NEEDED FOR NAME CHANGES**