



# ELMIRA CITY SCHOOL DISTRICT

## Change of Personal Data

Date: \_\_\_\_\_ Form 491.03

Name: \_\_\_\_\_

Is this a name change? ☐ NO ☐ YES \* - Former Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Building: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

### **\*NAME CHANGES MUST SUBMIT THE FOLLOWING DOCUMENTS:**

Updated Driver's License or Social Security Card **IN PERSON** to Administration.

Federal W-4 Tax Form

NY State IT-2104 Tax Form

Direct Deposit (if applicable)

TRS/ERS Name Change & Beneficiary Change Form (if applicable)

Health Insurance Form if adding/removing dependent coverage (if applicable)

**PLEASE NOTE:** A Marriage Certificate/Divorce Decree must be submitted within **30 days** of the event to add/remove coverage.

### **Return Form to:**

**Administrative Services Dept. – Administration Building, 430 W. Washington Ave., Elmira, NY 14901**

<b>For HR Personnel Use Only:</b>			
<b>Address Change Completed:</b>		<b>Name Change Completed:</b>	
_____ WINCAP		_____ Fob/Badge	
_____ Civil Service RPC		_____ Employee/Medical Files	
_____ Insurance		_____ Network/Aesop Access	
<b>Submit to Payroll:</b>		_____ Enrollment Form	
W-4/ NYS Tax Form		<b>Received copies of:</b>	
TRS/ERS Change Form		Driver License	OR Social Security Card
Direct Deposit Form		Marriage Certificate	OR Divorce Decree