



BOYERTOWN AREA SCHOOL DISTRICT EMPLOYEE INFORMATION CHANGE FORM



Effective Date: _____ Employee I.D. # _____ Social Security #: _____

____ NAME CHANGE ****WE WILL NEED A COPY OF YOUR SOCIAL SECURITY CARD TO MAKE THIS CHANGE AND A RESIDENCY CERTIFICATION FORM****

Previous name: _____ New name: _____

____ ADDRESS CHANGE **** PLEASE ATTACH RESIDENCY CERTIFICATION FORM ****

Name: _____ Phone #: _____

New Address: _____

City/State: _____

Zip Code: _____ Township: _____

____ PHONE NUMBER CHANGE

Previous number: _____ New number: _____

____ EMAIL ADDRESS CHANGE

Previous email: _____ New email: _____

- ____ Lori
- ____ Heather
- ____ Lisa
- ____ Chrissy
- ____ Payroll
- ____ Personnel File
- ____ Sandy (name only)
- ____ Cheri (name only)