

MONTCLAIR PUBLIC SCHOOLS PERSONNEL OFFICE

EMPLOYEE STATUS CHANGE FORM NAME AND/OR ADDRESS

GENERAL INFORMATION				
First Name	Last Name			MI:
Social Security Number	-	Employee Id#		
Location/Department				
What do you want to change?				
NAME CHANGE Note: Employee is required to provide legal proof of name change: Social Security Card/Marriage Certificate/Divorce Decree/Court Orders or and any legal documentation. Copies will not be accepted. All original documentation must be provided at the time of change. I am requesting my name be changed:				
FROM:		(First and Last I	Name)	
то:		(First and Las	st Name)	
REASON:				
Note: Effective, September 1, 2011, The Montclair Public Schools employees, be all current and newly hired employees provide the Office of Personnel with the I am requesting to change my address:	e residents of New Jers , unless otherwise exer ne copy of the waiver le	mandates that public sey in order to hold ce npted. If you have be	rtain positions. Ten exempted fron	his law applies to
FROM:Street Address		City	State	Zip Code
TO: Street Address		City	State	Zip Code
Telephone Number ()				
Print Name				
Signature		Date		
FOR PERSONNEL USE ONLY Date Entered in Edumet	Entere	d by Personnel Staff		
Revised 7/2019				