

Chenango Forks Central School District  
Employee Change of Address/Name Form

Effective Date: \_\_\_\_\_ Employee Number \_\_\_\_\_

Position/Title \_\_\_\_\_

Employee Name (Please Print)

First, Last \_\_\_\_\_

Old Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

New Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

If you have changed your name, please indicate former name below:

First, Last \_\_\_\_\_

Reason for change of name:

Marriage                       Resumed use of Maiden Name

Legal Change of Name (you must submit a copy of the Court Order)

**For Office Use Only (Please Check):**

1. Building Secretary-Notify Principal:Emergency Contact    Send form to Business Office

2. Business Office-Benefits Assistant:    Payroll    Insurance    TRS    NYSLRS    Flex

3. District Office-    MLP    Notify MITS

4. Director of Operations- SchoolTool

5. Business Office- OnBase