



YALE PUBLIC SCHOOLS – PERSONAL DATA CHANGE FORM

Please CHECK the area of change(s)

- _____ Name*
- _____ Address:
- _____ Telephone:
- _____ Family Status**
- _____ Other Change(s)***

BUILDING & POSITION: _____

*FORMER NAME: _____

NAME: _____

DO YOU WANT YOUR EMAIL CHANGED TO YOUR NEW NAME? YES NO

ADDRESS: _____

TELEPHONE: _____ CELL: _____ WORK: _____

**DATE OF MARRIAGE: _____ NAME OF SPOUSE: _____

DO YOU WANT YOUR SPOUSES NAME LISTED IN THE STAFF DIRECTORY? YES NO

**DATE OF CHILD'S BIRTH: _____ NAME OF CHILD: _____

***OTHER CHANGE(S): _____

EFFECTIVE DATE: _____

ANY ADDITIONS TO YOUR HEALTH, DENTAL, OR VISION INSURANCE COVERAGE MUST BE REPORTED BY YOU WITHIN THIRTY (30) DAYS. ANY DELETIONS MUST BE REPORTED AS SOON AS POSSIBLE IN ORDER TO COMPLY WITH COBRA GUIDELINES.

IF YOU REPORTING A NAME CHANGE, YOU MUST ALSO SUPPLY A COPY OF YOUR DRIVERS LICENSE AND SOCIAL SECURITY CARD. THE FOLLOWING ITEMS MUST ALSO BE CHANGED BY YOU PERSONALLY.

- INSURANCE FORMS**
- PAYROLL WITHHOLDING FORMS**
- MICHIGAN RETIREMENT FORM**

Signature _____

Date _____

OFFICE USE ONLY:			
DATE RECEIVED: _____	COPY TO: Nancy M. _____	Ashley G. _____	Nichole R. _____