

**Employee Change of Information Form**  
**Somerset Public Schools/Somerset Berkley Regional School District**  
*Please Assist Us in Keeping Records Current*  
*by Providing the Following Information:*

Name/School/Position: \_\_\_\_\_

Date Change Becomes Effective: \_\_\_\_\_

\*\*\*\*\*  
New Name : (if applicable) \_\_\_\_\_

New Address: \_\_\_\_\_

Previous Address \_\_\_\_\_  
City State Zip

City State Zip

\*\*\*\*\*  
New Phone Number: \_\_ (\_\_\_\_) \_\_\_\_\_

Previous Phone Number: \_\_ (\_\_\_\_) \_\_\_\_\_

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Additional Information

Copies to:  
Payroll  
R. Vaccaro  
L. Cordeiro  
Treasurer