

READING SCHOOL DISTRICT

Human Resources Change of Information Form

EMPLOYEE NAME (please print) _____
(Previous name if applicable)

**PLEASE FILL IN WHERE YOUR INFORMATION HAS CHANGED AND FORWARD TO HUMAN RESOURCES
WITH REQUIRED DOCUMENTS (if needed) AFTER COMPLETION.**

NEW ADDRESS – EFFECTIVE DATE: _____

STREET _____ APT# _____

CITY, STATE, ZIP _____

RESIDENT MUNICIPALITY _____ COUNTY _____
CITY-BOROUGH-TOWNSHIP

NEW PHONE NUMBER: (____) _____

NEW NAME: _____

**BE SURE TO ATTACH A COPY OF YOUR *MARRIAGE CERTIFICATE/DIVORCE DECREE AND NEW SOCIAL SECURITY CARD*. ALSO ATTACH A *NEW W-4, NEW I-9 AND EIT FORM* (all found in the HR office).
THE NAME CHANGE CANNOT BE MADE WITHOUT THESE DOCUMENTS.**

EMPLOYEE SIGNATURE: _____ **DATE:** _____

PLEASE NOTE: This Change of Information Form will *NOT* change your beneficiary of insurance coverage. If your change of status results in a change of beneficiary or change of insurance coverage, you must notify the Payroll Department (484-258-7072) and the Insurance Department (484-258-7025) as soon as possible after the change occurs. If you have any questions, please feel free to contact the HR department (484-258-7010).

THIS SECTION IS FOR OFFICE USE ONLY

Person making change in records, please sign off:

H.R. _____ Accounts Payable _____ Insurance _____ Act 48 _____ MIS _____

CC: Personnel File

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