



ESSEX REGIONAL EDUCATIONAL SERVICES COMMISSION
DIVISION OF HUMAN RESOURCES
333 Fairfield Road
Fairfield, NJ 07004

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LAURIE W. NEWELL, Ph.D.
Superintendent

ALBANIA JACKSON
Manager of Human Resources

PERSONAL DATA CHANGE FORM - MULTI-USE
Complete Applicable Section(s)

EMPLOYEE NAME: _____
(Last) (First)

SECTION I - NAME CHANGE (Please Print)
FROM: _____
TO: _____
Note: You must attach a copy of your new social security card with your new name, and a new W4. Name changes due to marriage, may require an update to your health coverage. If applicable, please submit a copy of your marriage certificate and completed health enrollment form to add your spouse.

SECTION II - ADDRESS / PHONE / EMAIL CHANGE
FROM: _____
TO: _____
NEW PHONE NUMBER: _____
NEW EMAIL ADDRESS: _____

SECTION III - EMERGENCY CONTACT CHANGES
1. Name: _____
Phone #: _____ Relationship: _____
2. Name: _____
Phone #: _____ Relationship: _____
Allergies, include any drugs: _____
EMPLOYEE SIGNATURE DATE

For Human Resources Use Only. The following records have been updated:

- SEHBP Health Insurance Data
EduMet Health Insurance data
EduMet General Data
Delta Dental Insurance data
Payroll notified via W-4
Personnel File