PARAMUS PUBLIC SCHOOLS OFFICE OF HUMAN RESOURCES

145 Spring Valley Road Paramus, NJ 07652



201.261.7800, ext. 3005 F. 201.576.9180 paramus.k12.nj.us

Demograp	ic Change Request Form
Employee:	Today's Date:
First MI	Last
Social Security: xx-xxx Position:	Location:
Personal Email Address:	
	CHANGE ACTIVITY: ck all applicable boxes)
Name Change:	
Please provide a copy of your social security care	
Must also complete W-4 forms with name chang	(Previous Name)
New Address/Phone: (Please provide proof of address)	(Address)
*Proof of address includes one of the following · License · Lease	(City, State, Zip Code)
· Utility Bill	Home Telephone Number with Area Code)
	(Cell Telephone Number with Area Code)
Marriage:	Date of Marriage/Civil Union:
(please provide a copy of your marriage certificate	Former /Maiden Name:
	Date of Event:
Divorce: (Please provide a copy of your divorce papers and	Deleted Person:see *)
Emergency Contact:	Name:
	Phone Number:
	ent from your health benefits within 30 days of the event. Failure er the cost of the medical coverage for your ineligible dependent.
Signature:	
Processed By:	Date:

the Department of Human Resources. If you have any questions, preuse feet free to reach our.

FOR OFFICE USE ONLY

Delta Dental	SchoolFi Genesis
SEHBP	ID Tag
VA	Tech Dep
Frontline	I-9 (Name change only)
	Employee ID#