

# Notification of Change

Employee's name \_\_\_\_\_

Emp. ID No. \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Effective date \_\_\_\_\_

Return to: Human Resources  
Kenmore-Town of Tonawanda UFSD  
1500 Colvin Boulevard  
Buffalo, New York 14223-1196

Phone: (716) 874-8400 Fax: (716) 874-8546

## ADDRESS CHANGE

Former address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

New address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PHONE NUMBER CHANGE

Former phone no. \_\_\_\_\_ New phone no. \_\_\_\_\_

## NAME CHANGE

[Note: You must attach a copy of Social Security card showing name change.]

Former name: (Last/First/Middle) \_\_\_\_\_

New name: (Last/First/Middle) \_\_\_\_\_

Reason for name change: ☐ Marriage ☐ Resumed use of maiden name ☐ Legal change of name

## STATUS

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Full time  | <input type="checkbox"/> KTA Union       | <input type="checkbox"/> Health Insurance _____<br><input type="checkbox"/> <b>Check here if you have Savings Bonds</b> |
| <input type="checkbox"/> Part time  | <input type="checkbox"/> KTSEA Union     |   |
| <input type="checkbox"/> Substitute | <input type="checkbox"/> KAA Union       |   |
| <input type="checkbox"/> Retiree    | <input type="checkbox"/> Non-represented |   |

Send all copies to Personnel Department

Rec'd by \_\_\_\_\_ Date rec'd \_\_\_\_\_