



## CORRY AREA SCHOOL DISTRICT

CENTRAL ADMINISTRATION  
540 East Pleasant Street, Corry, PA 16407-2246  
(814) 664-4677 • Fax (814) 664-9645  
<http://www.corrysd.net>

# EMPLOYEE CHANGE OF NAME/ADDRESS/PHONE #

This form is for **EMPLOYEES ONLY** (not students) and must be completed and sent to the Administration Office for updates to your Personnel file and for proper documentation for the Payroll/Benefits Office.

Employee Name (PRINTED): \_\_\_\_\_

PLEASE CHECK AND COMPLETE ALL THAT APPLY:

**NAME CHANGE** (Name Change **REQUIRES** legal documentation to Payroll prior to any changes being made.)

Old Name (PRINTED): \_\_\_\_\_

New Name (PRINTED): \_\_\_\_\_

**ADDRESS CHANGE**

Old Address: \_\_\_\_\_  
\_\_\_\_\_

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

Old Municipality: *(Required for this change.)*  
\_\_\_\_\_

New Municipality: *(Required for this change.)*  
\_\_\_\_\_

**PHONE # CHANGE** (This request will also be used to update School Reach. If your number is marked UNLISTED, it will **not** be released to anyone without your permission.)

Old Landline #: \_\_\_\_\_

New Landline #: \_\_\_\_\_

Unlisted

Old Cell Phone #: \_\_\_\_\_

New Cell Phone #: \_\_\_\_\_

Unlisted

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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*For Payroll Office Use Only*

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Accounts Payable \_\_\_\_\_

Faxed to BAI: \_\_\_\_\_

ACA Update: \_\_\_\_\_

School Reach \_\_\_\_\_

Payroll Office \_\_\_\_\_

NAME CHANGE ONLY: Emailed employee about updating Social Security Card to match our records \_\_\_\_\_