

TACONIC HILLS CENTRAL SCHOOL DISTRICT



CHANGE OF EMPLOYEE CONTACT INFORMATION

Name: _____

Mailing Address: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Effective Date of Change: _____

EMERGENCY CONTACT PERSON(S):

Name: _____

Relationship: _____

Telephone Number: _____

Name: _____

Relationship: _____

Telephone Number: _____

Employee's Signature: _____

Date: _____

NOTE:

If you are a member of the Teachers' Retirement System (www.nystrs.org) and/or the Employees' Retirement System (www.osc.state.ny.us), please make sure you notify them of your change of address, name change, and/or beneficiary changes. Forms for this purpose are available at their respective websites. If you have any questions, please contact Human Resources at 51/-325-2812.