



## West Seneca Central School District

### NAME CHANGE FORM

(please print)

Former Name: \_\_\_\_\_

Building: \_\_\_\_\_

New Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Marital Status \_\_\_\_\_

Emergency Contact info: \_\_\_\_\_

\_\_\_\_\_

Effective date of change: \_\_\_\_\_

Signature \_\_\_\_\_

Please complete updated W4 and IT-2104 forms (for marital status changes) and return entire packet to the Human Resource Department.

*\*\*Reminder: If applicable, address changes should also be made with NYS Retirement System and your union.*

Please note: You have 30 days from a qualifying event to make changes to your benefit election. Please contact your Benefit Administrator to make any changes.

CSEA – Beth Johnson 677-3131

WSTA – Benefit Trust: 824-1679

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WinCap changed \_\_\_\_\_

WinCap email address \_\_\_\_\_

Tax forms to Payroll \_\_\_\_\_

info to Employee Change Notification group \_\_\_\_\_

Office Use Only

Personnel File changed \_\_\_\_\_