



West Seneca Central School District
Please submit Address changes via WinCapWeb or send this
form to Human Resources

ADDRESS CHANGE FORM
(please print)

Name: _____

Building: _____

New Address (if applicable):

New Phone # (if applicable): _____

Effective date of change: _____

Signature _____

Please return completed form to the Human Resource Department.

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

Office Use Only

- WinCap changed _____
- Personnel File changed _____
- Health Insurance checked _____
- CSEA or WSTA notified _____