



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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- | | |
|---|--|
| <input type="checkbox"/> WinCap changed _____ | Office Use Only |
| <input type="checkbox"/> WinCap email address _____ | <input type="checkbox"/> Personnel File changed _____ |
| <input type="checkbox"/> Tax forms to Payroll _____ | <input type="checkbox"/> Attendance system changed _____ |
| <input type="checkbox"/> info to Employee Change Notification group _____ | |