



**West Genesee Central School District  
300 Sanderson Drive  
Camillus, NY 13031**

**EMPLOYEE CHANGE FORM**

NAME: \_\_\_\_\_ Building: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_ District Resident: \_\_\_\_\_

Please  check the box that applies to your employee type and current job status in the table below.

Employee Type	Active	Inactive/Retiree	Substitute
Administrator			
Bus Driver			
Bus Attendant			
Clerical			
Custodial			
Food Service			
Nurse			
Maintenance			
Mechanic			
Teacher			
Teaching Assistant			
Other			

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

Marital Status \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Do you need a new W-4 form \_\_\_\_\_

New Address \_\_\_\_\_ Old Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

New Phone Number \_\_\_\_\_ Effective Date \_\_\_\_\_

<p><b>For Office Use Only</b>  <b>Please Route and Return to Personnel for filing</b></p> <p>_____ Personnel          _____ Payroll          _____ Insurance          _____ Accounts Payable          _____ Building/Department (if applicable)          _____ Technology          _____ School Tool          _____ ERS/TRS/TEACH          _____ nVision - update email address</p>
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