



CLINTON TOWNSHIP BOARD OF EDUCATION

**CHANGE OF NAME AND/OR ADDRESS FORM**

\_\_\_\_\_**CHANGE OF NAME** and/or \_\_\_\_\_**CHANGE OF ADDRESS**

Employee Name: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_ School: \_\_\_\_\_

**CHANGE OF NAME:**

Please indicate your new name:

\_\_\_\_\_

Reason for change of name: \_\_\_\_\_

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**CHANGE OF ADDRESS:**

Please indicate your new address:

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip

Please return completed form to the Business Office within 30 calendar days of the change of event.

For Business Office Use Only	Human Resources	Payroll
Initial and Date		