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**EDUCATIONAL SERVICES COMMISSION of NEW JERSEY**

Department of Human Resources  
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**To:** *Human Resources Department*

**From:** \_\_\_\_\_  
*Print Employee Name* *Employee Signature*

**Date:** \_\_\_\_\_  
*School*

**RE:** *Change of Address / Phone # / Name / Email*

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**Instructions:** Please complete form and email to HR and cc: your school secretary and/or Supervisor. HR will update Systems 3000, therefore updating, the Payroll Dept. and the Superintendent's office. If you have health benefits, each carrier will be updated.

**PLEASE NOTE MY CHANGE OF:**

<b>ADDRESS:</b>	
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<b>PHONE:</b>	<b>Cell:</b> <b>Home:</b>
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<b>NAME:</b>	<b>Please attach proof of name change (i.e. marriage cert), updated W-4 and updated social security card.</b>
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<b>EMAIL:</b>	
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