



Burlington County Special Services School District and Institute of Technology

EMPLOYEE DATA CHANGE FORM

PERSONAL DATA (Please Print Legibly) Indicate change of: **Name** **Address** **Marital Status** **Emergency Contact** **Other**

Last Name	First Name	Middle Initial	Personal Email address:	
For Name Change **must be accompanied by copy of updated social security card			Primary Telephone #:	Mobile #:
New Last Name	First Name	Middle Initial		
Street Address:				Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed
City	State	Zip Code	Marital Status Date:	

EMERGENCY CONTACT:

PHYSICIAN:

Name:	Name:
Telephone #:	Telephone #:

Employee Signature:	Date:	Campus:	Employee Number: <small>(Located on your ID Badge)</small>
---------------------	-------	---------	---

Employee signature confirms reported information is accurate and true. Employee will comply with New Jersey First Act - Residency Requirements as per: N.J.S.A. 52:14-7
Please enter new or revised information and forward signed form to BCSSSD Personnel: BCSSSDpersonnel@burlcoschools.org or BCIT Personnel: BCITPersonnel@burlcoschools.org