



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 Dependents Emergency Contact License/Certification Vehicle Information Other

Last Name	First Name	Middle Initial	E-Mail:		
<i>For Name Change:</i> New Last Name			First Name	Middle Initial	
Street Address:		Secondary Address (Apt. No., Box No.)		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
City	State	Zip			
				Permanently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Disability: (MM/DD/YY)

EMERGENCY CONTACT INFORMATION—PRIMARY CONTACT

EMERGENCY CONTACT INFORMATION—SECONDARY CONTACT

Last Name			First Name			Middle Initial			Last Name			First Name			Middle Initial		
Street Address:				Secondary Address (Apt. No., Box No.)				Street Address:				Secondary Address (Apt. No., Box No.)					
City		State		Zip		City		State		Zip		City		State		Zip	
Telephone #:		Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other:				Telephone #:		Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Other:									

SPOUSE/DEPENDENTS ADD DELETE

Spouse Name (Last, First):	Address:	Same Address as Employee <input type="checkbox"/>	Relationship: SPOUSE	Social Security #:	Birth Date: (MM/DD/YY)	Student <input type="checkbox"/>	Disabled <input type="checkbox"/>
Dependents (Last, First):		Same Address as Employee <input type="checkbox"/>				Student <input type="checkbox"/>	Disabled <input type="checkbox"/>
		Same Address as Employee <input type="checkbox"/>				Student <input type="checkbox"/>	Disabled <input type="checkbox"/>
		Same Address as Employee <input type="checkbox"/>				Student <input type="checkbox"/>	Disabled <input type="checkbox"/>
		Same Address as Employee <input type="checkbox"/>				Student <input type="checkbox"/>	Disabled <input type="checkbox"/>
		Same Address as Employee <input type="checkbox"/>				Student <input type="checkbox"/>	Disabled <input type="checkbox"/>

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

Employee Signature:	Date:	Campus:	Employee Number:
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Please enter new or revised information and forward signed form to BCSSSD Personnel : bcsssdpersonnel@bcsssd.k12.nj.us. or BCIT Personnel: BCITPersonnel@bcit.edu