



# Pittsfield Public Schools

Administration Center  
269 First Street  
Pittsfield, Massachusetts 01201

## EMPLOYEE NAME / ADDRESS CHANGE FORM

*Please print & return form to the Personnel/HR Department*

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Department / School

\_\_\_\_\_  
Current Phone: Home

\_\_\_\_\_  
Current Phone: Cell  
NAME CHANGE

\_\_\_\_\_  
Current Phone: Work

\_\_\_\_\_  
OLD NAME

\_\_\_\_\_  
NEW NAME ‡

*‡If name change is due to marriage, and you have GIC health Insurance,  
please include a copy of marriage certificate with this form*

### ADDRESS CHANGE\*

\_\_\_\_\_  
PREVIOUS ADDRESS

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
\*\*NEW ADDRESS\*\*

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY, STATE, ZIP

### PHONE CHANGE\*

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
CELL PHONE

Please update: [ ] Health Insurance [ ] Life Insurance [ ] Dental [ ] Flexible Spending

*Note: Address changes for Teacher's Retirement and Annuity Administrator plans are the responsibility of the employee. Please contact directly via websites listed below.*

403B: <http://www.pittsfield.net/index.php/hr/retirement-plans>

MTRS: <http://www.mass.gov/mtrs/8forms/8forms.htm>

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**EMPLOYEE MUST ALSO COMPLETE A NEW EMERGENCY CONTACT FORM if applicable**