

**RIDGEWOOD PUBLIC SCHOOLS**  
**Ridgewood, New Jersey**

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**Personnel File Changes**

	Date
Name	School/Location
Change <b>Name</b> From:	(Required: copy of Social Security Card with name change.) To:
Change <b>Address:</b> From	To:
Change <b>City/Zip:</b> From	To:
Change <b>Telephone #:</b> From	(Please provide main contact number for emergency notification.) To:

Home Telephone #:
Cell Telephone #

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Return this form to the school secretary\* to be forwarded to the  
Office of Human Resources at the Education Center.  
Thank you.

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**Route to ---**

**(Please initial to verify that information has been checked/recorded.)**

	<b>School/Location Secretary*</b>
	<b>Payroll – Education Center</b>
	<b>Management Information Services – Education Center</b>
	<b>Medical Benefits – Education Center</b>
	<b>Business Office – Education Center</b>
	<b>Office of Human Resources – Education Center</b>