

**LENAPE REGIONAL HIGH SCHOOL DISTRICT
CHANGE OF DATA FORM**

Lenape

Seneca

Shawnee

Sequoia

Cherokee

District

Name

Address

Phone

Name: _____

Employee #: _____

Previous Name: _____

Effective Date: _____

New Address: _____

New Phone: _____

Emergency Contact #1: _____

Phone Number: _____

Emergency Contact #2: _____

Phone Number: _____

Employee Signature: _____

Date: _____

****Copy of Social Security Card with new name must be attached for name to be changed.***

*****If you are making any changes that would affect your health benefits and level of coverage contact the personnel office within 14 days.***