



New York City Department of Education New "Personal and Tax Data Change Form"

Social Security

Employee ID

First Name

Middle

Last Name

CHANGES REQUESTED (CHECK ALL THAT APPLY):

- Name Change Social Security Number Tax Information Date of Birth

If you need to update your **ADDRESS, PHONE,** or **MARITAL STATUS,** call HR Connect at 718-935-4000. If you are an admin employee, teacher, or F-Status you can make changes for these, as well as your **NAME,** using our NYCAPS Employee Self Service. Visit www.nyc.gov/ess to update your contact and biographical information.

NEW NAME (You must submit a copy of your Social Security card with your new name):

New First

New Middle

New Last

CORRECT SOCIAL SECURITY NUMBER:

New Social

CORRECT DATE OF BIRTH:

DOB
MM DD YYYY

IMPORTANT: Please select your title:
 DOE employee
 Vendor
 Custodian

I certify that I have personally completed this application, and everything I have written is, to the best of my knowledge and belief, true and complete. I recognize my personal responsibility to notify my payroll secretary and other parties of changes submitted,

Signature/Date: _____

Internal Use Only

Data Entered by _____ Date _____

Note: Please retain copies of all documentation that you submit to the Department of Education.

