

MT. BLUE REGIONAL SCHOOL DISTRICT
OFFICE OF THE SUPERINTENDENT
129 SEAMON ROAD, SUITE 2
FARMINGTON, ME 04938

Office Use

HR: _____

PR: _____

AP: _____

PLEASE PRINT CLEARLY

Name: _____

Employee ID number: _____ Position: _____

CONTACT INFORMATION CHANGE

New Contact Information

Mailing Address:

Street or PO Box: _____

Town: _____ State: _____ Zip Code: _____

Phone number:

Please verify your phone numbers (include area code):

cell phone _____

home phone _____

NAME CHANGE

This requires an appointment with either a Human Resources or Payroll staff member. Proper documentation, such as a new social security card or passport, will be required before a name change can be completed.

New Name: _____

Effective date of change: _____

Signature: _____ **Date:** _____

Please complete, sign, and submit to the Superintendent's Office.

We will update the employee's name, address and phone numbers in the RSU 9 databases-it is the employee's responsibility to contact Anthem, Delta Dental, Maine State Retirement System, 403 (b) accounts, etc.