

Sussex-Wantage Regional School District
27 Bank Street
Sussex, NJ 07461
973-875-3175

CHANGE OF ADDRESS NOTIFICATION FORM

Employee Name: _____

New Address: _____

Email Address: _____

Contact phone number: _____

Emergency Contact Name: _____

Phone Number: _____

Please note: If you have a change of address it will be updated with ADP, all applicable Insurances, and CDK Personnel Program. It will be your responsibility to contract your Pension's Customer Service Department (609)-292-7524.

Return notification form to the BOE Office Attn: Nancy Sisto

Office Use:

ADP _____

Insurance:

Horizon _____

Delta Dental _____

Superior Vision _____

CDK _____