

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

CHANGE OF ADDRESS NOTIFICATION FORM

Employee Name: _____

New Address: _____

If Applicable:

New Contact phone number: _____

New 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.

Return notification form to the BOE Office Attn: Nancy Sisto

Office Use:

ADP _____

Insurance:

Horizon _____

Delta Dental _____

Superior Vision _____

CDK _____