

HOWELL TOWNSHIP PUBLIC SCHOOLS

MEMORANDUM

TO: Payroll Department
Administrative Offices

CHANGE IN PERSONAL INFORMATION

	<u>FROM</u>	<u>TO</u>
NAME		
ADDRESS		
CITY, ZIP		
TELEPHONE NO.		

EFFECTIVE DATE: _____

ASSIGNMENT/SCHOOL: _____

**Return this form to the Payroll Department via
Interoffice mail or email.**

**PLEASE NOTE: PAYROLL WILL REQUIRE A COPY OF
A LEGAL DOCUMENT REFLECTING A NAME
CHANGE.**