



**Old Bridge Township Public Schools**

Patrick A. Torre Administration Building  
 4209 Route 516  
 Matawan, NJ 07747  
 Phone: 732-566-1000

**PLEASE USE THIS FORM TO REPORT A LIFE-CHANGING EVENT**

Please forward individual copies of this form to the following individuals/departments  
 in the  
ADMINISTRATION BUILDING:

Date:

- TO:  Stephanie Gulla Superintendent's Office  
 Ellen Connor Business Office- Benefits & Insurance  
 Lynn Reynolds Asst. Superintendent's Office for Human Resources  
 Ruth Ann Shamey Payroll  
 Elena Rivituso Asst. Superintendent's Office for Human Resources

**\*\*COMPLETE THE ENTIRE FORM\*\***

RE: <input type="checkbox"/>	Name Change	<input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other <i>Please note: Any changes which affect health benefits and/or payroll taxes require the completion of additional forms available through the Business Office.</i>
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<input type="checkbox"/>	Updated Home Address and/or Telephone Number
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Name (print)	FIRST	MIDDLE	LAST
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Name Change: (new)*	FIRST	MIDDLE	LAST
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Address:	
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Telephone Number:	Cell Phone Number:
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RE: <input type="checkbox"/>	School or Department Change
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School/District Location: Select:	Department:	Office Extension:
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RE: <input type="checkbox"/>	Change in Benefits Eligibility	<input type="checkbox"/> Change in dependent child(ren) <input type="checkbox"/> Change in marital status <input type="checkbox"/> Other <i>Please note: Any changes which affect health benefits and/or payroll taxes require the completion of additional forms available through the Business Office.</i>
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SIGNATURE	DATE:
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**PLEASE PROVIDE A COPY OF YOUR DRIVER'S LICENSE & SOCIAL SECURITY CARD WITH ALL SUBMISSIONS.**

\*For Name Change, Payroll must have a copy of the Social Security card reflecting the new name or letter from the Social Security Administration regarding the new name.