

**PITTSFORD CENTRAL SCHOOL DISTRICT  
PAYROLL/BENEFITS OFFICE  
NAME/ADDRESS CHANGE FORM**

**NAME:** \_\_\_\_\_

**Social Security Number:**    \_\_\_ \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_

**Name:**       **New** \_\_\_\_\_

**Old** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR PAYROLL USE ONLY**

\_\_\_ WinCap

\_\_\_ Health Insurance

\_\_\_ Dental Insurance

\_\_\_ Benefit Resources

\_\_\_ TRS/ERS