



# Address/Phone Number Change

**TO BE RETURNED TO:** Human Resources - Benefits Office  
Anne Arundel County Public Schools, 2644 Riva Road, Annapolis, Maryland 21401-7393  
or you may send to Benefits secure fax: 443-458-0669.

Employee Name	Employee ID	Effective Date
Work Location	Job Title	
Employee Status (check one) <input type="checkbox"/> <b>Active</b> ( <i>currently employed w/ AACPS</i> ) <input type="checkbox"/> <b>Inactive</b> <input type="checkbox"/> <b>Temporary Employee</b>		Phone

Address Change			
Street Address	City	State	Zip Code
Name of County ( <i>if address is in Maryland</i> )	Country ( <i>if applicable</i> )		

**For change of address:** This form must be signed and dated. If moving to a different county or state, it must be accompanied with a new federal (W-4) and state tax form (for MD, PA, VA, or DC). Tax forms can be found on the AACPS home page – [www.aacps.org/HumanResources/EmployeeForms/PayrollSection](http://www.aacps.org/HumanResources/EmployeeForms/PayrollSection). If you have any questions, please contact your designated Payroll Technician. (All original completed tax forms must be submitted – copies will not be accepted.)

Phone Number Change
Phone Number ( <i>Area Code + Number</i> )

**For phone change only:** Please submit this form only. No other documents are necessary.

<b>Required</b>	_____	_____
	<i>Employee Signature</i>	<i>Date</i>