



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 | email: benefits@aacps.org

Employee Name	Employee ID	Effective Date
Work Location	Job Title	
Employee Status (check one) <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Retired	Active employees can update emergency contact information instantly through Employee Self Service.	Phone

ADDRESS CHANGE

Street Address	City	State	Zip Code
Name of County or Region (outside of US)	Country		

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 at – www.aacps.org/hrforms > **Tax Withholding Forms**. 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 (indicate primary) EMAIL CHANGE (indicate primary)

Phone #1	Primary <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other	Email #1	Primary
Phone #2	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other	Email #2	
Phone #3	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other	For phone & email change only: Please submit this form only. No other documents are necessary.	
Phone #4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other		

ADDITIONAL CONTACT INFORMATION

If desired, please list the name and contact information for whom we can contact on your behalf in the event we cannot contact you (i.e. returned mail). **Note:** Active employees can update emergency contact information instantly through Employee Self Service.

Name (First, Middle Last)	Relationship	Name (First, Middle Last)	Relationship
Street Address	City State Zip Code	Street Address	City State Zip Code
Phone #1	Primary <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other	Phone #1	Primary <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
Phone #2	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other	Phone #2	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
Phone #3	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other	Phone #3	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
Phone #4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other	Phone #4	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
Email #1	Primary	Email #1	Primary
Email #2		Email #2	

Required	_____	_____
	Employee Signature	Date