Chittenden Central Supervisory Union
Change of Address Notification

Employee Name: _____ School: _____

New Address: _____

_____

_____

New Phone Number: (_____) _____-_____ Effective Date: ____/____/____

Employee Signature: _____

Please submit this completed form to your school office for distribution.

Note: If you are enrolled on our group medical and/or dental insurance plan, a new enrollment/change form must be completed and submitted to the carrier. The central office will forward the necessary forms to you once this notice is received.

Distribution:
- ☐ School Office (please forward to Payroll Office once information is recorded)
- ☐ Payroll Office (please forward to Human Resources once information is recorded in employee record and vendor file)
- ☐ Human Resources (please file in employee's file once recorded)