



**Department of Education**

Chancellor Richard A. Carranza

New York City Department of Education  
New "Personal and Tax Data Change Form"

Social Security

Employee ID

First Name

Middle

Last Name

**CHANGES REQUESTED (CHECK ALL THAT APPLY):**

- Name Change
- Social Security Number
- Tax Information
- Date of Birth

If you need to update your **ADDRESS, PHONE,** or **MARITAL STATUS,** call HR Connect at 718-935-4000. If you are an admin employee, teacher, or F-Status you can make changes for these, as well as your **NAME,** using our NYCAPS Employee Self Service. Visit [www.nyc.gov/ess](http://www.nyc.gov/ess) to update your contact and biographical information.

**NEW NAME (You must submit a copy of your Social Security card with your new name):**

New First

New Middle

New Last

**SOCIAL SECURITY NUMBER (You must submit a copy of your signed Social Security card):**

Incorrect Social Security Number

Correct Social Security Number

**CORRECT DATE OF BIRTH:**

DOB     
MM DD YYYY

IMPORTANT: Please select your title:

- DOE employee
- Vendor
- Custodian

I certify that I have personally completed this application, and everything I have written is, to the best of my knowledge and belief, true and complete. I recognize my personal responsibility to notify my payroll secretary and other parties of changes submitted

Signature/Date: \_\_\_\_\_

**Internal Use Only**

Data Entered by \_\_\_\_\_ Date \_\_\_\_\_

Note: Please retain copies of all documentation that you submit to the Department of Education.



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Personal and Tax Data Change Form

Instructions for Completing the DOE Personal and Tax Data Change Form

For All DOE Employees

Replaces the OP-85 Form

You may request a change to your following personal and/or tax data by completing the attached form: name, Social Security number, date of birth, tax status, tax allowances, and/or additional withholding amount.

This form must be completed and signed by you in order for the requested data changes to be processed. For name, Social Security number, date of birth and tax information changes you must submit appropriate supporting documentation required by the DOE (see chart below for examples. documents must be originals). Contact HR Connect directly at 718-935-4000 if you want to update your ADDRESS, HOME PHONE, or MARITAL STATUS.

- 1. Use a black or blue pen and print clearly in the boxes provided on the form.
2. At the top of the form, fill in your Social Security Number (or employee ID), first, middle and last name.
3. In the Changes Requested section, select the type of change(s) you are requesting.
4. Only complete the sections corresponding to the changes you are requesting.
5. After reviewing the information you have entered, sign and date the bottom of the form where indicated.
6. Make a copy of the completed form for your records.
7. Fax or Mail this form and COPIES or ORIGINALS if indicated below of all applicable supporting documentation to HR Connect (see information below).
8. It is your personal responsibility to notify your payroll secretary if you change your name, address, phone number, and/or tax information.

Table with 2 columns: Type of Change, Employees must attach a COPY of at least one of the following documents with the original form. Rows include Name change, Social Security Number, Federal Tax allowances, State Tax allowances, Date of birth, and Address, Home Phone, Marital Status.

HR Connect Contact Information

Address: New York City Department of Education Division of Human Resources/HR Connect 65 Court Street Room 102 Brooklyn, NY 11201

Fax: 718-935-3423 Phone: 718-935-4000

IMPORTANT: If you need to submit original documentation, you cannot fax your request.