

EMPLOYEE PERSONAL INFORMATION CHANGES

If you've had a change of personal information in the past year, please complete the following:

PERSONAL INFORMATION

Date _____

Employee Name _____

Telephone Number _____

Mailing Address _____

Physical Address _____

Other Changes _____

EMERGENCY INFORMATION

Emergency Contact Name _____ Relationship to You _____

Emergency Contact Phone(s): Home Phone _____

Cell Phone _____

Work Phone _____

Emergency Contact's Address _____

SPECIAL NOTE

If you have a change in marital status or change in number of dependents (i.e., "baby"), it may affect your health benefits. In either situation, please call the District Payroll Office **immediately** at 533.8510, ext. 14. If you have any other questions, feel free to contact the District Personnel Office at 533.8510, ext 12.

Printed Name

Employee's Signature

Date

*****Please return completed form to Attn. Susan Camp, District Personnel Office*****

Routing Initials: _____ Personnel _____ Accounting _____ Payroll