

## Only complete information that has changed – Please Print

**Required Information**

Current Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
First M.I. Last Employee ID required

**Name Change\*\***

**New Last Name:** \_\_\_\_\_

*\*\*Social Security Card must be updated with new name and a copy given to Human Resources before new last name can be used.*

**Address Change**

New Address: \_\_\_\_\_  
Street/Number City Zip

Old Address: \_\_\_\_\_  
Street/Number City Zip

Mailing Address (if different): \_\_\_\_\_  
Street/PO Box City Zip

**Phone/Email Change**

LAND Line: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

*Note: Both numbers may be used in the event of an emergency.*

Personnel Email Address: \_\_\_\_\_

**Emergency Contact Change**

1<sup>st</sup> Person to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Person to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

If none of the above can be reached, proceed as follows: \_\_\_\_\_

Do you have any allergic reactions? Yes  No  If YES, describe: \_\_\_\_\_

Any other reactions or special instructions? \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School/Work Site:** \_\_\_\_\_

FOR DISTRICT OFFICE USE ONLY:			
QSS <input type="checkbox"/>	By: _____	Date: _____	PERS <input type="checkbox"/>
Aeries <input type="checkbox"/>	By: _____	Date: _____	STRS <input type="checkbox"/>
CVT <input type="checkbox"/>	Amer Fidelity <input type="checkbox"/>	By: _____	Date: _____
Copy to: Payroll <input type="checkbox"/>		Copy to A/P <input type="checkbox"/>	