

## Employee Change of Personal Information Form

Name: *(if name has changed, use name currently on file)* \_\_\_\_\_

Position: \_\_\_\_\_ Site: \_\_\_\_\_

Certificated     Classified     Management

Effective date: \_\_\_\_\_

***The following information has changed:***

<input type="checkbox"/>	<b>Name</b>	New name: _____
<input type="checkbox"/>	<b>Address</b>	New address: _____
<input type="checkbox"/>	<b>Phone</b>	<p><i>Please complete both lines whether or not the information is new. If no cell phone or no home phone, put "N/A" on line for phone number.</i></p> <p>Cell phone: _____ New <input type="checkbox"/> No change <input type="checkbox"/></p> <p>Home phone: _____ New <input type="checkbox"/> No change <input type="checkbox"/></p>
<input type="checkbox"/>	<b>Marital Status</b>	<i>Please contact the district business dept. (insurance, payroll) for additional forms</i>
<input type="checkbox"/>	<b>Insurance Beneficiaries</b>	<i>Please contact the district business department for additional insurance forms</i>
<input type="checkbox"/>	<b>Number of dependents</b>	<i>Please contact the district business dept. (insurance, payroll) for additional forms</i>

***District Office Use Only***

<input type="checkbox"/> Current Regular Employee _____ Accounts Payable _____ Escape – Payroll _____ Aeries _____ PERS/STRS _____ Insurance _____ Supt Exec Asst _____ Site Secretary	<input type="checkbox"/> Supplemental/Sub/Volunteer _____ Escape – Personnel _____ Escape – Payroll _____ Coach/Volunteer List _____ Sub List	<input type="checkbox"/> Former Employee _____ Escape – Payroll _____ Retiree List _____ Insurance
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