



Employee Information and Contact Notice

<input type="checkbox"/> NEW EMPLOYEE	<input type="checkbox"/> EMERGENCY CONTACT CHANGE	<input type="checkbox"/> NAME CHANGE <i>(If this box is checked, you must come to the Human Resources Department. <u>A new Social Security Card must be provided in order to change your name.</u>)</i>
<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> PHONE NUMBER CHANGE	

PLEASE PRINT

Employee Name: _____ Date: _____

New Name: _____ ID#: _____

Address: _____
Street City State Zip

Other Address: *(If your primary address is a P.O. Box, please list your physical address here)*

_____ Street City State Zip

Primary Phone: (____) _____ Other Phone: (____) _____

Marital Status: _____ Date of Birth: _____

Person(s) to contact in case of an emergency. (Include at least one relative)

Name	Home Phone	Cell Phone	Work Phone	Employer	Relationship

Please indicate below if you **do not wish** to have the following information listed in the District Directory:

ADDRESS PHONE

Please indicate your preference for your photo on internal CUSD email communication:

PHOTO NO PHOTO

Employee Signature: _____

Date: _____

Site: _____