

Personal Information

Full Name: _____ Preferred Name: _____

Last First

Employee # _____ Employee Type: _____ Title: _____

This is a request to change name * to: _____

Last First

*** Must present original Social Security card showing the name change to HR**

This is a request to change (check all that apply):

New Address New Home Phone New Cell Phone Effective Date: _____

Home Address: _____

Street Apt/Unit#

City Zip

Phone Numbers: _____

Home Cell

Personal Email Address: _____

Important Information in the Event of an Emergency? (Allergies? Medical conditions?):

Doctor: _____ Phone: _____

1st Emergency Contact Information

Full Name: _____

Relationship: _____

Contact Phone(s): _____

2nd Emergency Contact Information

Full Name: _____

Relationship: _____

Contact Phone(s): _____

Emergency Release Information

In the case of a School Emergency when it is imperative to reach you immediately...

- What cell phone would you be able to receive text messages on? _____
- Which phone could we leave a voicemail on? (circle): _____

In the case of an actual disaster, all staff is required to stay on campus until dismissed by the Incident Commander. Please select a preference from the following dismissal options:

Current Release (changes can be made below)

- I would prefer to be released as soon as possible due to family/personal needs.
- I can stay for a lengthy period but prefer to be released as soon as possible.
- I can stay for as long as needed.

If I am not released immediately, please contact: _____ Phone: _____

for Internal Use Only

EPICS Keenan Standard/Hartford Guardian PERS/STRS AESOP EmpList PwrSchool CALPS