



Employee Information

_____ New Employee

_____ Change to current employee's information

THIS INFORMATION, ONCE UPDATED, WILL REPLACE ALL DATA CURRENTLY ON FILE. PLEASE COMPLETE ALL SECTIONS.

Full Legal Name _____

Last

First

Middle

Preferred first name: _____

Campus _____ Position _____

Home Address _____

City _____ Zip _____

Phone (____) _____ Please indicate type of phone # provided: Cell ____ Home ____

Please list two contacts in case of a personal emergency:

Name

Phone #

1. _____

2. _____

It is the sole responsibility of the employee to notify the Payroll Department should any of the above information change.

Note: The Texas Government Code allows certain information to be obtained from the public school district unless employees direct the district within the first 14 days of employment NOT to disclose the information. The code also states that an employee may request that the main personnel officer open or close access. I do NOT wish to have the following information released:

_____ Address _____ Telephone Number _____ Emergency Contact Information

_____ Social Security Number _____ Information concerning family members

Signature (required)

Date

****For name changes, employee must present this form with new social security card to the payroll department for verification.**