

RAYMOND SCHOOL DISTRICT
EMPLOYEE INFORMATION CHANGE FORM

DIRECTIONS: Only complete the section you will be changing. Sign and date the bottom and submit to the Human Resources Department.

Name: _____ Effective Date: ____/____/____

SECTION I

Name Changes must provide updated Social Security Card:

Add new name _____

SECTION II

Home Address (Cannot be a Post Office Box)

Current Information on File

New Information

Street Line 1:

Street Line 2:

City:

State:

Zip:

SECTION III

Mailing Address (if applicable)

Current Information on File

New Information

Street Line 1:

Street Line 2:

City:

State:

Zip:

SECTION IV

Marital Status: _____ **if enrolled in insurance must provide marriage license**

SECTION V

Phone Numbers (Must Include Area Codes)

Current Information on File

New Information

Home Phone Number:

Cell Phone number:

SECTION VI

(Emergency Notification System - automated phone system for school closing/emergencies)

Current Information on File

New Information

BBC Phone Number 1:

BBC Phone Number 1 Type:

BBC Phone Number 2:

BBC Phone Number 2 Type:

SECTION VII

In Case of an Emergency Notify:

Current Information on File

New Information

First Name:

Last Name:

Relationship:

Phone Number:

Second Phone Number:

Signature: _____ Date: ____/____/____

For office use only: Munis____, Frontline____, list____, JH____, Omni____, FSA____, SC____, HT____, NHRS____, DOE ____ IT ____ EM ____