

LAKE TAHOE UNIFIED SCHOOL DISTRICT

1021 Al Tahoe Blvd. South Lake Tahoe, CA 96150-4502

EMPLOYEE DATA CHANGE FORM

EFFECTIVE DATE: _____

EMPLOYEE NAME: _____ POSITION/I.D.# _____

<input type="checkbox"/>	NAME	<i>Copy of new Social Security card is also required.</i>
FORMER NAME: _____		
NEW NAME: _____		

<input type="checkbox"/>	MAILING address
_____ _____	

<input type="checkbox"/>	RESIDENCE address
_____ _____	

<input type="checkbox"/>	PHONE numbers
<i>HOME: () -</i>	<i>CELL: () -</i>

<input type="checkbox"/>	E-MAIL address

EMPLOYEE SIGNATURE: _____

ROUTE:	____ Payroll
____ Nancy	____ Danielle
____ Dana	

