

# 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"/>	<b>NAME</b>	<i>Copy of new Social Security card is also required.</i>
FORMER NAME: _____		
NEW NAME: _____		

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

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

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

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

EMPLOYEE SIGNATURE: \_\_\_\_\_

<b>ROUTE:</b>	____ Payroll
____ Marimar	____ Danielle
____ Dana	____ Jana