

Employee Change of Address/Name Notification



Please complete the change of address, phone number and/or name information below. Thank you.

Address Change

Telephone/Cell Number Change

Name Change



Social Security Card **Required**

(Direct employee to Payroll for processing)

Effective Date of Change(s): _____ Certificated Classified Substitute

Please provide all information requested below so we can verify complete database information.

Name: _____



Location: _____

Prior Name (if changed): _____

Home Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Which phone should be listed as primary (will receive auto-dial/emergency calls)? Home Cell

School E-mail: _____ Personal E-mail: _____

NOTE: ALL Employees will have school e-mail listed as e-mail of record.

Please list ALL household members (employee or student) within Stanwood-Camano School District. If additional space is needed, please use reverse side.

| Household Member Name | Employee? | Student? | Apply change to this person? | School/ Department | Parent/Guardian Name |
|-----------------------|---|---|---|--------------------|----------------------|
| | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | <input type="checkbox"/> Yes/ <input type="checkbox"/> No | | |

Substitute Online (current employees only):

Please do NOT list cell phone number

Please do NOT list home phone number

Signature of person completing form: _____ Date: _____

For Internal Use Only (Completed form to be distributed to each department as follows):

Change in WesPAC: _____
Date

Copy to: Payroll

Personnel File

Other: _____