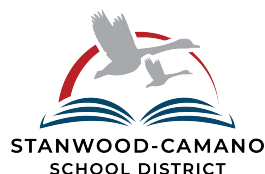


# Employee Change of Address/Name Notification



*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: \_\_\_\_\_