



EMPLOYEE CONTACT INFORMATION FORM

This form is to change my: Name Address Phone Number Emergency Contact *(check all that apply)*

Employee Name

Effective Date of Change

NAME CHANGE INFORMATION

Former Last

Former First

Former Middle Initial

Social Security Number
(last 4 digits)

New Last

New First

New Middle Initial

Note: name changes will not be made without bringing in your new driver's license & Social Security Card with changes reflected.

ADDRESS CHANGE INFORMATION

New Mailing Address

City

State

Zip

PHONE CHANGE INFORMATION

()

New Primary Phone

()

New Secondary Phone

New Email Address

EMERGENCY CONTACT CHANGE INFORMATION

Emergency Contact

Contact Relationship

Contact Phone

Please mail or deliver completed form to:

Sequim School District
Human Resources Office
503 N. Sequim Ave
Sequim, WA 98382

Note: If requesting a name change, the Human Resources Office will need to see your original driver's license and Social Security card in order to process.