

CHELSEA PUBLIC SCHOOLS
EMPLOYEE INFORMATION FORM

PLEASE PRINT

Name _____ Social Security No. _____
Last First M.

Employees indicating a name change must provide a copy of social security card indicating their new name and must also attach a new W-4 form for payroll purposes.

CURRENT ADDRESS

Street _____

City _____ State _____ Zip _____

Mailing Address: _____

(If different from above)

City _____ State _____ Zip _____

Phone _____ (Required)

NEW ADDRESS **EFFECTIVE DATE** ____ / ____ / ____

Street _____

City _____ State _____ Zip _____

Mailing Address: _____

(If different from above)

City _____ State _____ Zip _____

Phone _____ (Required)

IN CASE OF EMERGENCY – CONTACT:

Name _____ Relationship: _____

Address _____

City _____ State _____

Phone _____ (Required)

AUTO

Plate # _____ Make _____ Year _____ Color _____

Employee Signature Date

Return completed form to School Personnel Office