

Corning Union High School District

643 Blackburn Ave. • Corning, CA 96021 • (530) 824-8000 • FAX (530) 824-8005

EMPLOYEE INFORMATION UPDATE

Employee Name: _____

Position Title: _____

District: _____

☐ Regular Employee

☐ Substitute Employee (teaching)

☐ Substitute Employee (non-teaching)

PLEASE UPDATE THE FOLLOWING:

☐ NEW ADDRESS

Mailing:

Address: _____

City/ST/Zip: _____

Phone: _____

Physical:

Address: _____

City/ST/Zip: _____

Phone: _____

☐ NEW NAME

New First & Last Name*: _____

Former First & Last Name: _____

**Proof of change made with Social Security required and must be attached.*

☐ NEW EMERGENCY CONTACT

Emergency Contact Name (**Primary**): _____

Relationship: _____

Emergency Contact Phone Number(s): _____

Emergency Contact Name (**Alternate**): _____

Relationship: _____

Emergency Contact Phone Number(s): _____

Please send this form to Carol in the Corning Union High School District Office.

Signature

Date

(Date)

Notified

☐ Department

☐ TCSIG/CVT

☐ Jessica

☐ Escape Updated

(Initial/Date)