



SCHOOL DISTRICT OF LODI

BUSINESS OFFICE

115 School Street, Lodi, WI 53555

(608) 592-3851

EMPLOYEE INFORMATION CHANGE

Submit this form if you need to change any of the following information in your personnel file. **This form does not update your insurance or any other employee benefits.**

CURRENT Employee Name	Date of Birth
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NOTE: If you do not need to change an item, leave it blank.

NEW Name:	Last	First	M.I.
Primary Address:	Address		Apt./Unit
	City	State	ZIP Code
Mailing Address:	Address		Apt./Unit
	City	State	ZIP Code
Primary Phone:	() -	Type (Choose One) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other	
Secondary Phone:	() -	Type (Choose One) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other	
Alternate Email:			
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married		
Emergency Contact:	Name		

Employee Signature	Today's Date
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For Business Office use only:

Date Received	Date Entered	Entered By
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