



Haslett Public Schools

EMPLOYEE INFORMATION CHANGE FORM

Please complete and send to Laura Carr in the Business Office

NAME

BUILDING

NAME CHANGE - EFFECTIVE DATE

Please attach copy of new Social Security card

FROM - LAST

FIRST

MIDDLE

TO - LAST

FIRST

MIDDLE

ADDRESS CHANGE - EFFECTIVE DATE

FROM - STREET ADDRESS

CITY

STATE

ZIP

FROM - PHONE NUMBER

TO - STREET ADDRESS

CITY

STATE

ZIP

TO - PHONE NUMBER

ANY OTHER CHANGES OR COMMENTS:

EMPLOYEE SIGNATURE

LAST 4 DIGITS OF SOCIAL SECURITY #

Business Office
Use Only

CIMS

MESSA

Supt
Sec

A/P