## CALAVERAS UNIFIED SCHOOL DISTRICT P.O. Box 788 San Andreas, CA 95249

## CHANGE OF ADDRESS, NAME CHANGE, EMERGENCY CONTACT, CHECK DISTRIBUTION Please Submit to Personnel Department at District Office

Name:			Employee ID:	
			Date:	
_	nature			
Former Name :			. Driver's License, Marriage Cert)	-
Mailing Address:				- -
Physical Address:			different indicate below:	- - -
Phone Number(s):	Home:			- - -
Emergency Contact:	Address:	(Please Print)	Relationship:	_
Office. After 1:30 p	m: Direct Depo	<b>osit</b> statements w	oicked up between 7:00 am and vill be sent to your work site via we have on file for you.	-
·			all the Payroll Department at 754- sit is only available to contract em	
Copies to: P	ersonnel Dept E	Escape	Per telephone call or e-mail rece	eived by:
, c	VT AF Star	ndard		
C:	SEA Member Chair			
	UEA Member Chair ayroll		Date:	
	nite Campus			