

Kansas State School for the Blind



EMPLOYEE PERSONAL INFORMATION

This form must be completed whenever contact information changes
The confidentiality of this information will be honored and is for KSSB use only

Employee Name: *(print)* _____

Address Change *(required for payroll, benefits and other administrative purposes)*

FROM: _____
Street City State Zip

TO: _____
Street City State Zip

(All telephone numbers are required for emergency notification and other vital administrative purposes)

Primary Telephone Number **Secondary Telephone Number (i.e. Cellphone)**

FROM: _____ FROM: _____
Area Code + Number Area Code + Number

TO: _____ TO: _____
Area Code + Number Area Code + Number

Personal Email Address *(optional, an additional means of contact for emergency notification purposes)*

_____ @ _____

Effective Date of Change: _____

ROUTING:	(Initials)	(Date)	
1. Originator/Employee	_____	_____	(Employee initials & dates)
2. Human Resources Dept.	_____	_____	
3. Superintendent Office	_____	_____	
4. Business Office	_____	_____	
5. Supervisor of Employee	_____	_____	

Please return this form to the Human Resources Department for inclusion of personnel file.

Date Filed: _____