



**EMPLOYEE DATA CHANGE FORM**

**PAYROLL DEPARTMENT**

458-2407, 458-6136, 458-6227

FAX: 360.458.2469

107 FIRST STREET NORTH

PO BOX 476

YELM, WA 98597-0476

# EMPLOYEE DATA CHANGE FORM

EMPLOYEE NAME:	BUILDING LOCATION:	EFFECTIVE DATE:
----------------	--------------------	-----------------

<b>Changed Information</b> (new information only) <i>*A copy of your social security card must accompany all name changes. No name changes will be made without documentation.</i>	
*NEW LEGAL NAME (if changed):	<input type="checkbox"/> Payroll Confirm Documentation
PREVIOUS NAME:	
PHYSICAL STREET ADDRESS:	PHYSICAL CITY, STATE, ZIP:
MAILING ADDRESS (if different):	MAILING CITY, STATE, ZIP:

<b>Changed Phone Numbers:</b> all numbers will be called by the auto-dialer for closure/delay notifications.	
PHONE 1:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
PHONE 2:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
PHONE 3:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other

<b>List Children:</b> residing at the same address who attend Yelm Community Schools	
NAME:	SCHOOL:
NAME:	SCHOOL:
NAME:	SCHOOL:
<input type="checkbox"/> Change of Address is to another school district. <i>(If so, parent must submit a signed Release of Attendance from the resident district to continuing attending a Yelm school.)</i>	

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please send this form to the Payroll Department**

<b>Official Use Only:</b>	<input type="checkbox"/> Reviewed by Payroll	Date: _____
	<input type="checkbox"/> Payroll Changes Entered	

Comments: \_\_\_\_\_