



BLAINE SCHOOL DISTRICT NO. 503

765 H Street ~ Blaine, WA 98230
 (360) 332-5881 FAX (360) 332-7568

EMPLOYEE CHANGE OF ADDRESS/NAME NOTIFICATION

- Address Change Telephone/Cell Phone Change
- Name Change - Social Security Card **Required**.
Please bring new SS Card to the District Office.

This form may be filled out electronically and emailed (using Blaine SD email address) to tcarter@blainesd.org in the District Office. Alternatively, you may also print, sign and send completed form through inner office mail.

Please provide all information below to accurately update your personnel and payroll records.

Effective Date of Change: _____

Name: _____

Prior Name (if changing): _____

Work Location/Building: _____ Position: _____

Home Address: _____ City, State ZIP: _____

Mailing Address: _____ City, State ZIP: _____

Land Line Phone: _____ Cell Phone: _____

Blaine SD Email: _____ @blainesd.org Personal Email: _____

If you have other family members associated with the Blaine School District, please indicate if this change applies to them and complete the following section.

<u>FAMILY MEMBER NAME</u>	<u>SCHOOL</u>	<u>PLEASE CHECK ONE</u>			<u>APPLY CHANGE</u>	
		<u>EMPLOYEE</u>	<u>GUARDIAN</u>	<u>STUDENT</u>	<u>YES</u>	<u>NO</u>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE SIGNATURE: _____ DATE: _____

FOR INTERNAL USE ONLY:

Address/Phone Changes:
 WESPaC Updated: _____

Email Information to:
 Payroll Office
 HR Supervisor
 School/Building Secretary / Building Administration
 Maintenance and Operations Secretary
 Date Sent: _____

Name Changes:
 WESPaC Updated: _____

Email Information to:
 Payroll Office
 HR Supervisor
 Building Secretary / Building Administration
 Maintenance and Operations Secretary
 Superintendent's Administrative Assistant
 Business Office Director / Accounts Payable / Technology Director
 Date Sent: _____

Original Form to be filed in employee's personnel file.