



Blaine School District NO. 503

765 H Street
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 card to HR.)

Effective Date of Change: _____

This form may be filled out on-line, at Staff Forms and Publications. Please send via district e-mail to: lcrews@blainesd.org. You may also send this form to HR via the School Mail.

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

Name: _____

Prior Name (if changing): _____

Location: _____ Position: _____

Home Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Personal Email: _____

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

FAMILY MEMBER NAME	SCHOOL	PLEASE CHECK ONE			APPLY CHANGE	
		EMPLOYEE	GUARDIAN	STUDENT	YES	NO
		<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:

HR: WESPaC Date: _____
Scan/E-Mail
Original to PR: _____

BUSINESS OFFICE: Vendor List
AR

SUB: Substitute Online

IT: E-Mail

PAYROLL: Confirm WESPaC
File

SIS: Employee Access