

VENTURA UNIFIED SCHOOL DISTRICT

Employee Contact Information Form

Please check employee type: **Certificated** **Classified**

This form is to change my: Name Address Phone Number Emergency Contact
(Please press hard and check all that apply)

Effective Date: _____

Name: _____

Changed from: _____

(NOTE: Name changes will not be made without a copy of your new Social Security Card & Driver's License)

Social Security Number (last 4 digits): _____

New Address: _____

Number Street City State Zip Code

New Phone Number(s): _____ _____ Best number to call? H C
Home Cell

Personal Email Address: _____ Current School Site: _____

EMERGENCY CONTACT INFORMATION

New Emergency Contact: _____ Contact Phone Number: _____

Contact Relationship: _____

DIRECTORY CODE INFORMATION

Please indicate below if you want your address and/or phone number in the directory by selecting one of the following directory codes:

NA	Name/Address Only	NAP	Name/Address/Phone Number
NM	Name Only	NP	Name/Phone Number Only

I am choosing directory code: _____

Send **all copies** of the form to:

**Certificated or Classified Human Resources
 VUSD - Education Service Center
 255 W. Stanley Avenue, Suite 100
 Ventura, CA 93001**

For office use only:

Original	Yellow	Pink	Goldenrod
<input type="checkbox"/> ESCAPE <input type="checkbox"/> HRMIS	<input type="checkbox"/> Payroll	Insurance	Technology
<input type="checkbox"/> SMFEx <input type="checkbox"/> SIS	<input type="checkbox"/> Accounting		