

PERSONNEL UPDATE FORM This form must be filled out **WHENEVER** changes are made to your home/ mailing address or emergency contact information. In addition, for address changes, you must fill out the attached ASRS form. Return these sheets to your administrative assistant. **PLEASE REMEMBER ONLY FILL OUT THIS FORM IF YOUR INFORMATION CHANGES**

DATE:		Employee #	
NAME:			
ADDRESS:			
CITY:		STATE:	ZIP:
MAILING ADDRESS IF DIFFERENT FROM ABOVE			
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE NUMBER: Unlisted: Yes <input type="checkbox"/> No <input type="checkbox"/>		CELL NUMBER:	
EMAIL:			
SCHOOL (S):			

EMERGENCY CONTACT INFORMATION (This information will only be used in the event of an emergency)

NAME:		RELATIONSHIP:	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE NUMBER:		CELL NUMBER:	
Alternate Contact			
NAME:		RELATIONSHIP:	
ADDRESS:			
CITY:		STATE:	ZIP:
PHONE NUMBER:		CELL NUMBER:	

"I hereby authorize LHUSD to give **EMERGENCY** information to the above designated person(s)."

Date: _____ **Signature** _____