

CFB ISD Employee Address/Telephone Number Change

Please make the change(s) below you want reflected in TEAMS

Effective Date of New Ch	iange:		
Employee Status (select or	ne):	Campus/Building:	
Name of Employee (enter	full name):		
TEAMS ID #: (Found in top left corner of <i>My Pe</i>	ersonal Info in TEAMS Em	ployee Self-Serve)	
Last Four of SS #:			
Street Address or P.O. Bo	ox:		
City:	State:	Zip:	
Marital Status:	Maiden name (if applicable):		
Cell Phone #:		-	
Home Phone #:			
Work Phone #:			