POST FALLS SCHOOL DISTRICT
SUBSTITUTE INFORMATION FORM

☐ **Name Change** ☐ **Address Change** ☐ **Contact Information Change** ☐ **New Hire**

Employee Name:	Position:
Former Name:	School/Department:

Substitute Contact Information

Home Phone:	Mobile Phone:	Personal Email:

Physical Address (If a care of "c/o" name is used, enter on Street 2 line.)

Street 1:			
Street 2 (C/O):			
City:	State:	Country:	Zip Code:

Mailing Address (if different from physical/home address)

For active employees this is used for employee information, PERSI and W-2 forms: Changes for medical/dental insurance and supplemental benefits require additional forms.
For separated employees this updates for final pay and W-2 forms only. Separated employees must contact PERSI to update benefit address.

Street 1 (or PO Box):			
Street 2 (C/O):			
City:	State:	Country:	Zip Code:

Emergency Contact Information **Voluntary emergency information** - in case of illness or injury please contact:

Emergency Contact 1: Name:		Relationship:
Home Phone:	Mobile Phone:	Work Phone:
Emergency Contact 2: Name:		Relationship:
Home Phone:	Mobile Phone:	Work Phone:

Employee Signature:	Date:

CHANGES WILL BECOME EFFECTIVE WITH THE PAYROLL CURRENTLY BEING PROCESSED.
NOTE: The above information will remain in effect unless changed by employee.

IMPORTANT: For name changes, substitute must provide the Human Resources Department with a current driver's license and Social Security card showing the new name.

Submit completed forms to Human Resources/District Office.