



POST FALLS

SCHOOL DISTRICT #273

EMPLOYEE INFORMATION FORM

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Name Change

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Address Change

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Contact Information Change

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New Hire

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

Employee Contact Information

Home Phone:	Mobile Phone:	Personal Email:
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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, W-2 forms, medical/dental insurance and supplemental benefits.

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

These forms are available at: <https://www.pfsd.com>

Submit completed forms to Human Resources/District Office.