Vista Unified School District
EMPLOYEE INFORMATION

☐ **CHECK THE BOX IF THIS IS NEW INFORMATION**

Effective Date: _____

Employee ID#: _____

☐ Classified

☐ Certificated

It is important to maintain your correct contact information with the District.

PLEASE PRINT OR TYPE THE INFORMATION BELOW AND SUBMIT FORM TO YOUR PRINCIPAL/SUPERVISOR.

Last Name | First Name | Middle Initial

Work Site/Department | Position Title *(Include Subject/Grade, if applicable)*

If name change, previous name was _____
(Please contact HR for name changes)

Mailing Address | City/St | Zip Code

Home Address *(if different from Mailing Address)* | City/St | Zip Code

Primary Phone Number | Secondary Phone Number | Personal Email Address

EMERGENCY CONTACT INFORMATION

Please list who should be contacted in the event of an accident or emergency.

Emergency Contact Name | Phone | Relation to Employee

Secondary Emergency Contact Name | Phone | Relation to Employee

4006 BOARD POLICY – EMPLOYEE INFORMATION

DISTRIBUTION: WHITE-Payroll CANARY-Benefits PINK-Classified/Certificated Human Resources CARD STOCK-Site/Dept.

Rev. 09/2020