

CALCASIEU PARISH SCHOOL SYSTEM
PERSONNEL DEPARTMENT
3310 BROAD STREET
P.O. BOX 800
LAKE CHARLES, LA 70602-0800
Phone: 337-217-4040 Fax: 337-217-4041

EMPLOYEE INFORMATION CHANGE FORM

Employee Name: _____
Last First Middle Maiden

Social Security #: _____

Department/School: _____

Job Title/Position: _____

Employee Signature: _____ Date: _____

NAME CHANGE: (Legal document reflecting name change **must** be attached):
Name exactly as it should appear in your personnel file:

Last First Middle

ADDRESS CHANGE:

NEW Mailing Address: _____

OLD Mailing Address: _____

TELEPHONE NUMBER CHANGE:

PRIMARY Telephone Number: _____ **ADDITIONAL** Phone Number: _____
(for use by www.aesoponline.com)

E-MAIL ADDRESS: _____

CONFIDENTIALITY STATEMENT:

Your home address and telephone number **WILL BE RELEASED** to salesmen or other third parties unless you write in the words **DO NOT RELEASE** in the following blank:

The Personnel Department will forward this change form to the Risk Management/Insurance Department. If you are a member of the Teacher's Credit Union or any Annuity/Security company it is your responsibility to notify those companies of changes.
