



CFB ISD Employee Address/Telephone Number Change

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

Effective Date of New Change: _____

Employee Status: _____ **Campus/Building:** _____

Name of Employee (enter full name): _____

TEAMS ID #: _____

(Found in top left corner of *My Personal Info* in TEAMS *Employee Self-Serve*)

Last Four of SS #: _____

Street Address or P.O. Box: _____

City: _____ **State:** _____ **Zip:** _____

Marital Status: _____ **Maiden name** (if applicable): _____

Cell Phone #: _____

Home Phone #: _____

Work Phone #: _____