



TSC Employee Change of Personal Information

I am making the following changes:

☐ Name ☐ Address ☐ Phone ☐ Email

Employee#: _____ Date: _____
Job title: _____ Location: _____
Name: _____
(Signature) (Printed)

Name change:

Please Note: You must attach a copy of a marriage license, divorce decree, or court order.

From: _____ To: _____

If name change, does this change affect an existing TSC email account?

☐ Yes (If yes, please provide middle initial: _____) ☐ No

Date effective for email change: _____

Previous address:

Street: _____
City: _____
State: _____
Zip: _____

New address:

Street: _____
City: _____
State: _____
Zip: _____

Phone change:

Landline: _____
(Area Code +)

Cell phone: _____

Email add/change:

Address: _____

Effective date: _____
(Date)

All	Certified	Classified	Food Service	Substitute	Email	Route To File
<input type="checkbox"/> Colleen	<input type="checkbox"/> Julie	<input type="checkbox"/> Tonia	<input type="checkbox"/> Andrea	<input type="checkbox"/> Julie	<input type="checkbox"/> Gail E.	Certified: Julie
<input type="checkbox"/> Elaine						Classified: Tonia
<input type="checkbox"/> Gail C.						Substitute: Julie
<input type="checkbox"/> Karmen						
<input type="checkbox"/> Amber						