



**PALMERTON AREA SCHOOL DISTRICT**

**PERSONNEL INFORMATION  
NAME/ADDRESS/EMERGENCY CONTACT CHANGE FORM**

Employees must complete this form and submit it to the Human Resource Office to inform the District of any change in address, telephone number, name, email or emergency contact.

<b>Name/Address Information</b>				
Last Name	First Name	Middle Initial		
<b>*NEW</b> Last Name <i>(if applicable)</i>	First Name	Middle Initial		
Street, Apt No.	City	State	Zip	Telephone
<b>NEW</b> Street, Apt No. <i>(if applicable)</i>	City	State	Zip	<b>NEW</b> Telephone <i>(if applicable)</i>
<b>Tax Information</b>				
Local Taxing Jurisdiction:		County:		
<b>Email Information</b>				
OLD Email Address:		NEW Email Address:		
<b>Emergency Contact Information</b>				
Name of Contact 1	Relationship to you:		Best Phone #	
Name of Contact 2	Relationship to you:		Best Phone #	

**\*Please know that supporting documentation must be provided with a name change.**

Effective Date of Changes: \_\_\_\_\_

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**PLEASE RETURN FORM TO THE HUMAN RESOURCE OFFICE**