



EMPLOYEE INFORMATION CHANGE FORM

Please contact cusdbusiness@colusa.k12.ca.us if you need assistance with this form.

INSTRUCTIONS:

1. Complete Section 1
2. Complete applicable areas in Section 2
3. Sign and date at the bottom of the page (Electronic copies not accepted, we require a wet signature)
4. Forward to Business Services Department at the district office

SECTION 1: Employee Name / Employee ID

Employee Name: _____ Employee ID#: _____

Effective Date of Change: _____

SECTION 2- Mark Change(s) Only

Name: _____
(Need social security card with new name on file to change last name)

Mailing Address: _____

Physical Address: _____

Phone Number: _____

Emergency Contact Name: _____

Relation: _____

Phone Number: _____

Email: _____

Direct Deposit Banking Information:
Must complete a new Direct Deposit Banking Form found on the district website.

SECTION 3 - Authorizing Signature and Date

Employee Authorized Signature: _____ Date: _____

Business Services Use Only

Stamp Date Received: _____ Stamp Date Entered: ESC ____ IC ____ CVT ____