



PAYROLL DEPARTMENT

360.446.9218 FAX: 360.446.2918
 207 CENTRE ST S
 PO Box 98
 RAINIER, WA 98576

EMPLOYEE DATA CHANGE FORM

EMPLOYEE NAME:	BUILDING LOCATION:	EFFECTIVE DATE:
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Changed Information (new information only) <i>*A copy of your social security card must accompany all name changes. No name changes will be made without documentation.</i>	
*NEW LEGAL NAME (if changed):	<input type="checkbox"/> Payroll Confirm Documentation
PREVIOUS NAME:	
PHYSICAL STREET ADDRESS:	PHYSICAL CITY, STATE, ZIP:
MAILING ADDRESS (if different):	MAILING CITY, STATE, ZIP:

Changed Phone Numbers: all numbers will be called by the auto-dialer for closure/delay notifications.	
PHONE 1:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
PHONE 2:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other
PHONE 3:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Other

List Children: residing at the same address who attend Rainier School District	
NAME:	SCHOOL:
NAME:	SCHOOL:
NAME:	SCHOOL:
<input type="checkbox"/> Change of Address is to another school district. <i>(If so, parent must submit a signed Release of Attendance from the resident district to continuing attending a Rainier school.)</i>	

SIGNATURE _____ DATE _____

Please send this form to the Payroll Department

Official Use Only:	<input type="checkbox"/> Reviewed by Payroll	Date: _____
	<input type="checkbox"/> Payroll Changes Entered	

Comments: _____