

**TERREBONNE PARISH SCHOOL BOARD
EMPLOYEE ADDRESS & TELEPHONE NUMBER FORM**

EMPLOYEE IDENTIFICATION NUMBER: _____

EMPLOYEE NAME: _____

LAST

FIRST

MIDDLE

IF NAME CHANGE, GIVE PREVIOUS LAST NAME: _____

SCHOOL/LOCATION: _____

POSITION: _____

RACE: _____

SEX: _____

DATE OF BIRTH: / /

MAILING

ADDRESS: _____ / _____ / _____

STREET

CITY

STATE

ZIP CODE

HOME

ADDRESS: _____ / _____ / _____

STREET OR BOX NUMBER

CITY

STATE

ZIP CODE

HOME TELEPHONE: ()

CELL: ()

I request that my home telephone number be designated as (check one):

Confidential

Not Confidential

I request that my home address be designated as (check one):

Confidential

Not Confidential

Note: Confidential home address and/or telephone number will only be provided to those individuals or organizations entitled to that information by law.

Use check marks to indicate any items on this form that may have changed from previous year's employment:

Name

Address

Telephone Number

Other

SIGNED: _____

EMPLOYEE

DATE

FOR OFFICE USE ONLY

RECEIVED BY: _____

DATE: _____

ENTERED BY: _____

DATE: _____

COPIES: INSURANCE []

FINANCE []

2 ENVELOPES-FINANCE []

DATE

DATE

DATE

SS CARD REC'D

ADDRESS/NAME CHANGE SENT TO RETIREMENT SYSTEM

alg () Cert.

Revised 7/01/13pap

Entered-TRSL database by _____, Retirement Specialist on ____/____/____