

CALCASIEU PARISH SCHOOL SYSTEM  
**PERSONNEL DEPARTMENT**  
3310 Broad Street  
P.O. BOX 800  
LAKE CHARLES, LA 70602-0800  
Phone: 337-217-4040 Fax: 337-217-4041

**EMPLOYEE INFORMATION CHANGE FORM**

Employee Name: \_\_\_\_\_  
Last First Middle Maiden

Social Security #: \_\_\_\_\_

Department/School: \_\_\_\_\_

Job Title/Position: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NAME CHANGE:** (Legal document reflecting name change **must** be attached):  
Name exactly as it should appear in your personnel file:

\_\_\_\_\_

Last First Middle

**ADDRESS CHANGE:**

NEW Mailing Address: \_\_\_\_\_

\_\_\_\_\_

OLD Mailing Address: \_\_\_\_\_

\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**TELEPHONE NUMBER CHANGE:**

NEW Telephone Number: \_\_\_\_\_ CELL Phone Number: \_\_\_\_\_

**CONFIDENTIALITY STATEMENT:**

Your home address and telephone number will **NOT** be released to salesmen or other third parties unless you write in the words PLEASE RELEASE in the following blank:

\_\_\_\_\_

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The Personnel Dept. will forward this change form to the Risk Management/Insurance Department. If you are a member of the Teacher's Credit Union or any Annuity/Security company it is your responsibility to notify those companies of changes.

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