

ANTHONY INDEPENDENT SCHOOL DISTRICT

840 Sixth Street

Anthony, TX 79821

Telephone (915)886-6500 Fax (915)886-2420

CHANGE FORM

Please complete to update/change your information for payroll purposes. When complete turn into the HR/Payroll Specialist.

Employee Number _____

Legal Name _____
First Middle Last Maiden

Former Name _____
First Middle Last

Mailing _____
Street/PO Box City State Zip Code

Physical Address _____
Street City State Zip Code

Sex: Male Female **D.O.B.** _____ **Marital Status** _____

Citizen: Yes No **Driver's License #** _____ **State** _____ **Expires** _____

Home Phone Number _(____) _____ **Cell Phone Number**_(____) _____

Emergency Contact Information:

Name _____ **Relationship** _____

Phone _____ **Emergency Notes** _____

