

Rainier School District

Employee Update Form

Personal Data

Employee Name: Last, First, Middle		SSN:
Address:		Phone:
City	State	Alt Phone:
Zip Code:	Sex: M F	Date of Birth:

Emergency Information

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Hospital Preference:	Physician Name:	Phone:
Other medical information in case of an emergency:		

Signed

Employee:	Date:
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