

# Rainier School District

## Employee Update Form

### Personal Data

Employee Name: Last, First, Middle	SSN:
	Date of Birth:

### Data to be updated

Address:		Cell/Home Phone:
City	State	Alt Phone:
Zip Code:	Sex: M F	

### Additional info to be updated

### Emergency Contact 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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