CALAVERAS UNIFIED SCHOOL DISTRICT P.O. Box 788 San Andreas, CA 95249

CHANGE OF ADDRESS, NAME CHANGE, EMERGENCY CONTACT, CHECK DISTRIBUTION Please Submit to Personnel Department at District Office

Name:		Employee ID:	
Sig	gnature	Date:	
Former Name :	(Please submit legal document – i.e. Di	river's License, Marriage Cert)	
Mailing Address:			
Physical Address:	Same as mailing address, or if dif	ferent indicate below:	
Phone Number(s):	Home:		
Emergency Contact:	Name:(Please Print) Address: Telephone: 1) 2)		
Office. After 1:30 p	On payday, paychecks may be pick m: Direct Deposit statements will t, via USPS, to the <u>mailing address</u> we	be sent to your work site via	
=	ign up for Direct Deposit, please call t 304. Please note that direct deposit is	-	
Vikk CVT CSE		Per telephone call or e-mail recei	

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