



TEHAMA COUNTY DEPARTMENT OF EDUCATION

Richard DuVarney, Tehama County Superintendent of Schools
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EMPLOYEE INFORMATION UPDATE

Employee Name: _____

Regular Employee

Position Title: _____

Substitute Employee (teaching)

District: _____

Substitute Employee (non-teaching)

E-mail: _____

PLEASE UPDATE THE FOLLOWING:

NEW ADDRESS

Mailing: _____

Physical: _____

Address: _____

Address: _____

City/ST/Zip: _____

City/ST/Zip: _____

Phone: _____

Phone: _____

NEW NAME

New First & Last Name*: _____

Former First & Last Name: _____

**Social Security card must be updated to new name for payroll change to be implemented*

_____ *I verify that I have submitted a name change request to Social Security*

NEW EMERGENCY CONTACT

Emergency Contact Name (**Primary**): _____

Relationship: _____

Emergency Contact Phone Number(s): _____

Emergency Contact Name (**Alternate**): _____

Relationship: _____

Emergency Contact Phone Number(s): _____

Please send this form to your employing school district. Substitute teachers should turn this form in to the Human Resource Services department at the Tehama County Department of Education. TCDE employees must update their own CVT profile directly.

Signature

Date

_____ date notified: Payroll Department IT (Name Change) Credentials Keenan

_____ date form to employee: Life Insurance (name and/or address change)