



DONNA INDEPENDENT SCHOOL DISTRICT

Employee Change of Information Form

This form MUST be hand-delivered to the Human Resources Department!

Name (Official Name): _____

Employee ID: _____ Position: _____

Campus/Department: _____

Address:

Physical: _____

City, State, Zip: _____

* Mailing: _____

City, State, Zip: _____

Phone Number:

Cell: _____ Home: _____

If you are a "Vendor" (receive reimbursement from the District), it is the sole responsibility of the employee to notify the Purchasing Department should any of the above information change.

Note: The Texas Government Code allows certain information to be obtained from the public school district unless employees direct the district within the first 14 days of employment NOT to disclose the information. The code also states that an employee may request that the main personnel officer open or close access. I do NOT wish to have the following information released:

- | | |
|---|--|
| <input type="checkbox"/> Address | <input type="checkbox"/> Emergency Contact Information |
| <input type="checkbox"/> Telephone Number | <input type="checkbox"/> Information concerning family members |
| <input type="checkbox"/> Social Security Number | <input type="checkbox"/> Personal e-mail |

Signature of Employee: _____ Date: _____

* If changing your Mailing Address, you must also complete the TRS Change of Address Notification Form (TRS358)

** For name changes, employee must present this form with their new social security card, new driver's license and legal documentation for name change (marriage license, divorce decree or court order) to the Human Resources department for verification.