



Virginia Public Schools

Employee Information/Change Form

Personal Information					
Full Name:					
	<i>Last</i>		<i>First</i>	<i>M.I.</i>	
Address:					
	<i>Street Address</i>			<i>Apartment/Unit #</i>	
	<i>City</i>			<i>State</i>	<i>ZIP Code</i>
Home Phone:	()	Alternate Phone:	()		
E-mail Address:					
Social Security Number:		Birth Date:		Marital Status:	
Spouse's Name:					
Spouse's Employer:		Spouse's Work Phone:	()		
Job Information					
Title:			Employee ID: (Assigned by Employer)		
Supervisor:			Department:		
Work Location:			E-mail Address:		
Work Phone:	()	Cell Phone:	()		
Start Date:			Salary: Hourly, Monthly, Annual	\$	
TRA or PERA Annuitant:	Yes	No	Hours per Week:		
Employee Change Information					
Full Name:					
	<i>Last</i>		<i>First</i>	<i>M.I.</i>	
Address:					
	<i>Street Address</i>			<i>Apartment/Unit #</i>	
	<i>City</i>			<i>State</i>	<i>ZIP Code</i>
Primary Phone:	()	Cell Phone:	()		
Reason for Employee Status Change:			Effective Date:		
Comments:					

Principal/Supervisor: _____ **Date:** _____

HOME OF THE BLUE DEVILS