LLESD Employee	Record Update	& Emergency	Information
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	Persor	nal Information	า				
Full Name:				Date:			
Last	od 🗆 Managama	First					
Certificated Classifie	_ •						
This is a request to change nan	ne * to:		Firs	st			
* Must present original So	cial Security card showing	g the name chang	e to HR				
This is a request to change (cheen in the second		gency Contact In	fo. Effectiv <u>e I</u>	Date			
Home Address:							
Street		Apt/Unit#					
City		Zip Coll Dhono					
Home Phone:							
Personal Email Address:				·			
Important Information in the	Event of an Emergenc	y? (Allergies? I	Vledical conditi	ions?):			
Doctor:		Phone:					
	1 st Emergenc	y Contact Info	rmation				
Full Name:							
Relationship:							
Contact Phone(s):							
	2 nd Emergenc	y Contact Info	rmation				
Full Name:							
Polationshin:							
Contact Phone(s):							
	Emergency	Release Inforn	nation				
In the case of a School Emerg	ency when it was imp	erative to imm	ediately reach	vou			
What cell phone would you be able to receive text messages?							
Which phone could we							
In the case of an actual disast Commander. Please select a				smissed by the In	cident		
 I would prefer to be re 	eleased as soon as pos	sible due to fa	mily/personal	needs.			
 I can stay for a lengthy I can stay for as long a 		efer to be rele	ased as soon a	s possible.			
 I can stay for as long as needed. If I am not released immediately, please contact:							
Phone:							
for Internal Use Only							
EPICS Keenan Life	e/LTD	□ AESOP	□ EmpList	□ PwrSchool	CALPAD		

SITE: _____