

**Vista Unified School District
EMPLOYEE INFORMATION**

**CHECK THE BOX
IF THIS IS NEW
INFORMATION**

Effective Date _____

Classified

Certificated

It is important that we have your correct address and phone number.

PLEASE PRINT OR TYPE AND SUBMIT TO YOUR PRINCIPAL/SUPERVISOR.

Last Name First Name Middle Initial Social Security Number

If name change, previous name was: _____

Address City Zip Code

() _____
Phone Site/Dept: _____

Birthdate: Month _____ Day _____ Position: _____

Subject/Grade: _____

OPTIONAL: If married employee, please give spouse's name below:

Last Name First Name Middle Initial ()
Work Phone

4006 BOARD POLICY EMPLOYEE INFORMATION

4006.7 3/94 EMPLOYEE INFORMATION

DISTRIBUTION: WHITE-Payroll CANARY-Benefits PINK-Classified/Certificated Personnel HARD-Site/Dept. Retains

EMERGENCY USE ONLY

DOCTOR: _____ PHONE: _____

1. Do you wear any of the following? Glasses Contacts

2. Do you have any diagnosed health problems? Specify (i.e., diabetes, heart disease, etc.)

3. Do you have any allergies? Specify.

4. List medications you are presently taking.

NAME	DOSAGE
_____	_____
_____	_____
_____	_____
_____	_____

IN THE EVENT OF AN ACCIDENT OR INJURY ON THE JOB, WHOM WOULD YOU LIKE TO BE CONTACTED?

Name: _____ Phone: _____ Relation: _____