

EMPLOYEE INFORMATION FORM (01) (Fill out Completely. Please Print Clearly or Type.)

inew information	Change				
Prefix Title	Last Name	First Name	MI	Preferred Name (optional)	
Current Address	(Number and Street)			Apt or Unit #	
City			State	Zip Code	
Home #: (_) Cel	II #: ()	Date of E	Birth:	
Email:	Email: Banner ID/Student ID/Citrus ID				
Warrant Recipie	ent Designation				
				of my death, I hereby designate e. You may designate up to two	
Designee Name			 Relations	hip	
g				···r	
Current Address	(Number and Street)			Apt or Unit #	
City			State	Zip Code	
Designee Name			Relations	hip	
Current Address	(Number and Street)			Apt or Unit #	
City			State	Zip Code	
effect until cancel Citrus Community	ed in writing by completing College District (District) i h warrant(s) from the Distri	g a new Employee Inform s not obligated to delive	mation Form (01). r said warrant(s) to	d for this purpose and shall remain ir It is understood and agreed that the the designee unless the designated person so designated may negotiate	
Emergency Cor In case of emerg	ntact lency who is to be contact	cted?			
		I	ı		
Last Name		First Name		Relationship to Employee	
Contact Phone #	±: ()	extens	sion		
Signature:			Date:		
oignature					
	 ESOURCES USE ONLY esourcesPa		efits		