

FAIRHAVEN PUBLIC SCHOOLS

**EMPLOYEE PROFILE INFORMATION
NAME CHANGE/ADDRESS CHANGE**

Name: _____

Previous Name: _____

S.S.#: _____

Date of Birth: _____

Marital Status: M S

Address: _____

City/Town: _____

State: _____

Zip Code: _____

Home Tel: _____

Cell: _____

Email: _____

School/Position: _____

42 wks

52 wks

Emergency Contact:

Name: _____

Relationship: _____

Telephone: _____

To be completed by Payroll Department:

Date of Hire: _____

Harper's #: _____

School Location: _____

Department: _____

Yearly Salary: _____

Weekly Salary: _____