

To: All Schuylkill Haven Area School District Staff

From: Shawn T. Fitzpatrick, Ed.D.
Superintendent of Schools

Subject: Updated Contact Information

We want to ensure we have accurate records for all employees and ask your cooperation. Please provide current contact information as requested below. Also, if any additional information has changed (emergency contact, etc.) please note the changes on the back of this form.

Support Personnel and Certificate Holders

It is each individual employee's responsibility to inform the district office of all personal changes; for example: Name, Address, Phone, Insurance, Payroll, Credit Union Direct Deposit, Emergency Contracts, and Certification/Licensing, if required.

Professional Personnel and Certificate Holders

PDE – CSPG No. 11 indicates it is the responsibility of each certified individual to keep the Bureau of Teacher Certification and Preparation apprised of any name or address changes, and it is the responsibility of the employing school entity to maintain accurate certification records of all professional school employees and an accounting of Act 48 Professional Development requirements. Employees are required to utilize PDE's Teacher Information Management System (TIMS) to reflect changes or updates to educator information. TIMS will generate the credentials electronically for printing by the applicant. Updated certificates must be forwarded to the Superintendent and will be placed in the employee's personnel file.

EMPLOYEE NAME AND ADDRESS CHANGE FORM

RETURN FORM TO: District Office – Attention: Shelly Boyer

(Check One)

- _____ Elementary
- _____ Middle School
- _____ High School
- _____ Other

(Check One)

- _____ Teacher
- _____ Professional Support
- _____ Other (List)

Employee Name _____ Date _____

If Changed, Previous Employee Name _____

New Address _____

Home Phone () _____ Cell Phone () _____

Additional info _____

Office Use Only

- | | | | |
|--------------|--|-------------|--|
| Shelly Boyer | <input type="checkbox"/> Credit Union Direct Deposit | Jane Gordon | <input type="checkbox"/> Certification Updates |
| | <input type="checkbox"/> Insurance | | <input type="checkbox"/> Emergency Contact |
| | <input type="checkbox"/> Payroll | Stacy Lutz | <input type="checkbox"/> Act 48 |
| | | | <input type="checkbox"/> Network Admin |