



Chickasha Public Schools

Employee Change Form

Employee Name (print): _____

Employee Signature: _____

Position/Site: _____

Date: _____

***Please mark the appropriate boxes and write the changes in the change column.*

| Request to Change | New | Cancel | Change Information and/or Comments |
|--|-------------|-------------|------------------------------------|
| Name Attach marriage certificate | | | |
| Address | | | |
| Phone Number | | | |
| Other | | | |
| Professional Organization Memberships | | | |
| | Join | Drop | Comments |
| CASE | | | |
| COPA | | | |
| CUTA | | | |
| CPS Foundation | | | |
| POE | | | |