

# Sausalito Marin City School District

## *Personnel Data Sheet*

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Personal E-mail: \_\_\_\_\_

Position: \_\_\_\_\_ Location: \_\_\_\_\_

Check if Member of PERS

Check if Member of STRS

### **In case of an emergency, contact the following Person/People:**

#### 1st contact:

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Relationship: \_\_\_\_\_

#### 2nd contact:

Name \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Relationship: \_\_\_\_\_

Hospital to be taken if necessary: \_\_\_\_\_

Doctor to be called: \_\_\_\_\_

### **NOTE:**

It is the responsibility of the employee to notify the District Office of any changes in the information listed above.