



Employee Information

PLEASE PRINT CLEARLY

Name: _____

Home Number: _____

Mobile: _____ **Cell Phone Provider:** _____

Email Address: _____

Building Location: _____

**(To receive a text message, your cell phone provider's name is required,
example: Verizon, AT&T, etc.)**

Completed forms should be emailed or sent to Denise Cuomo in the
Superintendent's office at Denise.cuomo@chufsd.org (ext. 4200)