

Please complete and return to the Administrative Center

## Houghton Lake Community Schools – Employee Information 2017-18

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Job Title: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_, Relationship \_\_\_\_\_

Emergency Contact's Phone Number: \_\_\_\_\_

Subject(s) and/or Grade: \_\_\_\_\_

Building(s) and/or Dept.: \_\_\_\_\_

Room(s)#: \_\_\_\_\_ Phone Ext.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_