

MOORPARK UNIFIED SCHOOL DISTRICT

CONFIDENTIAL
PERSONAL DATA AND EMERGENCY INFORMATION

Employee's Legal Name _____

Address _____

City/Zip _____ Telephone _____

Social Security Number _____ Date of Birth _____

Doctor's Name/Address _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Telephone _____

Name _____ Telephone _____

Do you have a physical condition that would be significant in a medical emergency? (List all medication(s) taken on a regular basis.)

Signature _____ **Date** _____

DESIGNATION OF PERSON TO RECEIVE WARRANT

I, _____ am an employee of the Moorpark Unified School District. Pursuant to the provisions of Government Code Section 53245, which allows warrants or checks that would have been payable to me by my employer had I survived, I hereby designate the person named below as the one entitled to receive all such warrants or checks:

Name of Designee _____

Address of Designee _____

I hereby revoke any and all previous designations made by me pursuant to Government Code Section 53245.

Signature _____ **Date** _____