



**Board of Cooperative Educational Services**  
 www.capregboces.org  
 Leaders for Educational Excellence

Human Resources

900 Watervliet-Shaker Road  
 Suite 102  
 Albany, NY 12205

Telephone 518-862-4910  
 Fax 518-862-4903

## OTHER EMPLOYEE INFORMATION

<b>1</b>	<p><b>Please Complete Sections 2-5 and return to:</b></p> <p style="text-align: center;"><b>Linda Kelleher</b>  <b>900 Watervliet-Shaker Rd. Suite 102</b>  <b>Albany, NY 12205</b></p>	
<b>2</b>	<p>Last Name _____ First Name _____</p> <p><i>*If changing name, you will need to complete new tax forms for payroll, and log onto ebenefits to complete the name change transaction.</i></p>	
<b>3</b>	<p><b>Address:</b></p> <p>Legal Address:</p> <p><b>Address</b> _____</p> <p><b>City</b> _____</p> <p><b>State</b> _____ <b>Zip</b> _____</p>	<p><b>Mailing Address: (only if different from legal)</b></p> <p><b>Address</b> _____</p> <p><b>City</b> _____</p> <p><b>State</b> _____ <b>Zip</b> _____</p>
<b>4</b>	<p><b>Home Phone</b> _____ <input type="checkbox"/> Unlisted <b>Cell Phone</b> _____</p> <p><b>Additional email</b> _____</p> <p><b>Work email</b> _____</p>	
<b>5</b>	<p><b>Emergency Contact Information:</b></p> <p>Name of Person to Contact (please print): _____</p> <p>Primary Phone Number: _____ Alternate Phone Number: _____</p> <p>Relationship to You: _____</p>	