

## CHANGE IN EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

### ADDRESS CHANGE

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

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### PHONE NUMBER CHANGE

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

### NAME CHANGE

Last: \_\_\_\_\_

First: \_\_\_\_\_

Middle: \_\_\_\_\_

\*If you are changing your name, you will need to present your updated Social Security Card to Human Resources along with this form.

### CHECK DESTINATION CHANGE

Mail to: \_\_\_\_\_

Site: \_\_\_\_\_

District Office:  (check box to pick up at District Office)

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

### Your change may affect the following; please complete additional forms as necessary:

- Health benefits (complete medical benefits application change form)
  - Have you added or deleted dependents? If so, please update form accordingly and provide Human Resources with required documentation
- STRS or PERS Beneficiary Designation
- W-4 Withholding
- Credentials will be registered under your new name