

## CHANGE IN EMPLOYEE INFORMATION

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

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

### ADDRESS CHANGE

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

### 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