



Lompoc Unified School District

CONTACT INFORMATION CHANGE

REQUEST Rev 09/03/2017

Complete form & send to:

LOMPOC UNIFIED SCHOOL DISTRICT

Human Resources
 1301 North A Street
 PO Box 8000
 Lompoc, CA 93438
 payroll@lUSD.org

NAME	EFFECTIVE DATE OF CHANGE
LAST 4 DIGITS SSN	DATE SUBMITTED
TYPE OF EMPLOYEE	Certificated Classified Retiree Substitute
Enter new or changed information only...Please print legibly	
Name (Note: Name change requires copy of new SSN card with signature)	
Address	
City/State/Zip	
Home Phone	
Cell Phone	
SEMS/AESOP Contact Phone (Substitute Employee Mgmt System)	
Email Address	

Signature _____ Date _____

FOR DISTRICT USE ONLY		
Please complete changes in your department, initial, date & forward as indicated		
	Initial	Date
PAYROLL SVCS		
Retiree		
Benefits		
Medical		
Dental		
VSP		
Other		
ITS (Name Chg Only)		
HUMAN RESOURCES		
Emergency Care Card		
AESOP		
ESCAPE		
Certificated		
CalSTRS		
Classified		
CalPERS		
FINAL COPY TO PAYROLL FOR FILING		