

EMPLOYEE INFORMATION CHANGE FORM

Name: _____ Employee I.D. # _____
(PLEASE PRINT)

Old Address: _____

Old Phone #: _____

Please change the information as listed below:

Effective date: _____

*New Name: _____
(PLEASE PRINT)

*(A COPY OF YOUR NEW SOCIAL SECURITY CARD IS REQUIRED IN ORDER
FOR SAN DIEGO COUNTY OFFICE OF ED. TO CHANGE YOUR W-2 NAME ON THE
PAYROLL SYSTEM)

New Address: _____

New Phone #: _____ Is this phone number unlisted ? YES NO
CIRCLE ONE

Work e-mail address: _____@eusd.net
Print new name to be used

EMPLOYEE SIGNATURE

DATE

DISTRICT OFFICE USE ONLY

Information changed in:

PERSONNEL SYSTEM _____ P/R DATABASE _____ BENEFITS _____ WEB MASTER _____