

TEMPLE CITY UNIFIED SCHOOL DISTRICT EMPLOYEE INFORMATION CHANGE

EMPLOYEE NAME (MUST BE COMPLETED AS IT APPEARS ON YOUR PAYSTUB)	
LAST NAME:	FIRST NAME:
EID #:	JOB TITLE:
WORK LOCATION:	CERTIFICATED <input type="checkbox"/> OR CLASSIFIED <input type="checkbox"/>
EMPLOYEE ADDRESS	
OLD STREET ADDRESS:	NEW STREET ADDRESS:
OLD CITY:	NEW CITY:
OLD STATE:	NEW STATE:
OLD ZIP CODE:	NEW ZIP CODE:
EMPLOYEE PHONE NUMBER	
NEW HOME NUMBER:	NEW CELL NUMBER:
EMPLOYEE NAME CHANGE (AS IT APPEARS ON YOUR SOCIAL SECURITY CARD) **	
OLD LAST NAME:	NEW LAST NAME:
OLD FIRST NAME:	NEW FIRST NAME:
OLD MIDDLE NAME:	NEW MIDDLE NAME:

Effective Date of Change:

****A LEGAL NAME CHANGE CANNOT BE PROCESSED UNLESS IT IS ACCOMPANIED BY A PHOTOCOPY OF A SOCIAL SECURITY CARD THAT SHOWS PROOF OF THE NAME CHANGE****

NOTE – IF YOU ARE A CERTIFICATED EMPLOYEE, PLEASE NOTIFY THE COMMISSION ON TEACHER CREDENTIALING (CTC) OF ANY NAME CHANGE: <http://www.ctc.ca.gov/credentials/leaflets/41-NC.pdf>

Employee Signature:

____/____/____
Date:

Personnel Use Only

HRS Date: _____

MAR (classified): _____

Benefits (if applicable): _____

AESOP: _____

Processed by: _____