



CHANGE OF ADDRESS/ EMERGENCY CONTACT UPDATE

SEND COMPLETED FORM TO DISTRICT OFFICE - HUMAN RESOURCES

IMPORTANT: Please fill out **all** items on this form. Obsolete Emergency Procedure / Change of Address forms will be removed from your personnel and payroll files. Whenever any change in this information occurs, fill out a new form and submit it to the Human Resources Office. This form will be used for emergency situations and as a source document for your mailing address and home address.

EFFECTIVE DATE _____ EMPLOYEE NAME _____

SOCIAL SECURITY NUMBER XXX-XX- _____ WORK SITE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

Do you give your permission to be transported to the hospital by ambulance if necessary? Yes No

OPTIONAL: Do you have any medical condition that you would like to voluntarily disclose that would be significant in a medical emergency?

IN THE EVENT OF AN EMERGENCY, PLEASE NOTIFY: (Contact must be at least 18 years of age)

NAME _____ RELATIONSHIP _____

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

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HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

Please note: If you have experienced a life event, you may want to update your beneficiary designation (CalPERS, CalSTRS, life insurance, etc.).

EMPLOYEE SIGNATURE

DATE