



TRACY
UNIFIED SCHOOL DISTRICT

CHANGE OF INFORMATION FORM

***PLEASE PRINT INFORMATION CLEARLY
IN THE EMPLOYEE SECTION***

Date of Receipt in HR: _____

EMPLOYEE SECTION

Type of Change Name () Address () Phone ()

NOTE: Social Security card must accompany name change. Employees must submit a new AUA to the ISET Department in order to change the name on an email account. Additionally, the Human Resources Department may require a new I9 Form.

Classification Certificated () Classified () Management () Substitute ()

Name (former name if applicable) _____
Last First MI

New Name (if applicable) _____
Last First MI

Address _____

City _____ State _____ Zip Code _____

Home Phone Number (_____) _____ Cell Phone Number (_____) _____

Employee ID# _____ Site _____

Signature: _____ **Date:** _____
(Required)

FOR DISTRICT USE ONLY

HR

Data Entry: Escape _____ Aeries _____ Frontline/Aesop _____ Personnel/Confidential File _____

CC: ISET _____ Payroll _____ Business Services _____ Site _____

- | | |
|--|---|
| <input type="checkbox"/> Substitute Tech. (all) | <input type="checkbox"/> Wkrs. Comp. Tech. (all name changes) |
| <input type="checkbox"/> Admin. Secty. (all) | <input type="checkbox"/> Certificated Tech. (all certificated) |
| <input type="checkbox"/> HR Director (all name changes) | <input type="checkbox"/> Classified Tech. (classified name change only) |
| <input type="checkbox"/> LiveScan Tech. (all name changes) | |

PAYROLL

Notified via e-mail _____ or Notified via mail _____

STRS updated (name change) _____ PERS updated _____