



Lompoc Unified School District

CONTACT INFORMATION CHANGE REQUEST

Complete & return original form to:

LOMPOC UNIFIED SCHOOL DISTRICT
Human Resources Office
1301 North A Street

ID CHECK
Initials _____

NAME	EFFECTIVE DATE OF CHANGE
LAST 4 DIGITS SSN	DATE SUBMITTED
TYPE OF EMPLOYEE <input type="checkbox"/> Certificated <input type="checkbox"/> Classified <input type="checkbox"/> Retiree <input type="checkbox"/> 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	
FRONTLINE Contact Phone <small>(Substitute Employee Mgmt System)</small>	
Email Address	

CALSTRS members - must change address directly. Please see form on LUSD website under Human Resources - Certificated.

Signature _____ Date _____

FOR DISTRICT USE ONLY

Please complete changes in your department, initial,
date & forward as indicated

1. HUMAN RESOURCES	Initial	Date
Emergency Care Card		
FRONTLINE		
ESCAPE		
CalPERS		
2. ITS		
Blackboard		
Name Changes		
Q Support		
3. BENEFITS/PAYROLL		
Medical		
Dental		
VSP		
Other		
Retiree		

FINAL COPY TO BENEFITS/PAYROLL FOR FILING