

VICTOR ELEMENTARY SCHOOL DISTRICT

NAME AND/OR ADDRESS CHANGE

Employee's Name _____

*Name Change _____

***New Driver License and Social Security card with name change required**

*Address Change _____ City _____

Zip Code _____

***New Driver License or utility bill with address change required**

Phone Number Change Home Phone _____

Cell Phone _____

Effective Date of Change _____

Instructions: Submit form and required documentation in person at the district office.

Please check one:

Certificated Employee Classified Employee Management Employee

Substitute Employee Short Term Employee Noon Duty Supervisor

Is change due to one of the following (Please circle one)

Change in marital status Yes No

Are you covered under any District insurance plan(s) Yes No

Are you a member of PERS Yes No

Are you a member of STRS Yes No

For Office Use Only

Name and/or Address Changes:

Epics _____
Benefitfocus _____
SISC _____
AESD1 (CalPERS members only) _____

Name Changes:

Payroll _____
Safety Department _____
Technology (Email) _____
Maintenance & Grounds _____
Supervisor(s) _____
Frontline/Aesop _____
SBCSS _____
Ed Services _____

Information Taken By _____

Date _____
R://Forms/Name Address Change Form

Personnel File I-9 TB HEP A/B
 Insurance File