

Human Resources Department

Change: Address Name Phone

This information should be completed and returned to your site secretary who will forward to your Human Resources Technician Roxanne Nichols roxanne.nichols@yubacoe.k12.ca.us

Please Note: When you change your legal name, your Outlook e-mail address will automatically be changed to match AFTER the name change has been processed by Human Resources. Name changes CANNOT be made until ALL required documentation has been submitted

(Please print)

NEW ADDRESS	EFFECTIVE DATE OF CHANGE			
	EMPLOYEE FULL (LEGAL) NAME		TELEPHONE NUMBER (HOME)	
	HOME ADDRESS		TELEPHONE NUMBER (WORK)	
	CITY	STATE	ZIP	TELEPHONE NUMBER (CELL)
	EMAIL ADDRESS			
	<input type="checkbox"/> Yes, I give permission for my address, phone(s) and email to be released to County Office employees upon their request and the union pursuant to AB119.			
	<input type="checkbox"/> No, I DO NOT give permission for my address, phone(s) and email to be released to County Office employees upon their request and the union pursuant to AB119.			
PREVIOUS ADDRESS	EMPLOYEE (LEGAL) NAME		TELEPHONE NUMBER (HOME)	
	ADDRESS		TELEPHONE NUMBER (WORK)	
	CITY	STATE	ZIP	TELEPHONE NUMBER (CELL)

EMPLOYEE'S SIGNATURE	DATE
WORK SITE	

For Human Resource Use Only

Address Change

- Escape _____
- HealthComp Online _____
- CalPERS _____

Name Change (in addition to address change)

- Tech Ticket # _____
- Email HR Team, Payroll, Sup & COVID _____
- YCOE Online Dictionary _____
- Frontline Employee Name and Work Email _____
- Catapult / SPED Ashley Marin _____
- Public School Work _____
- Update Badge _____

Human Resources Department- Employee Emergency Information

This information should be completed and returned to your Human Resources Technician for placement in your personnel file. Should any of this information change, please submit a corrected form to your Human Resources Technician at hr@yubacoe.k12.ca.us. It is important that this data be kept current at all times.

(Please print)

EMPLOYEE INFORMATION	EMPLOYEE (FULL LEGAL) NAME		PRIMARY CONTACT NUMBER
	HOME ADDRESS		SECONDARY CONTACT NUMBER
	CITY	STATE	ZIP
	PRIMARY PERSONAL EMAIL ADDRESS		
PERSON(S) TO NOTIFY IN CASE OF AN EMERGENCY	NAME		PRIMARY CONTACT NUMBER
	ADDRESS		SECONDARY CONTACT NUMBER
	CITY	STATE	ZIP
	NAME		PRIMARY CONTACT NUMBER
	ADDRESS		SECONDARY CONTACT NUMBER
	CITY	STATE	ZIP
MEDICAL INFORMATION	Do you have any physical condition(s) that would be significant in a medical emergency: (Include medication taken regularly)		

Personal contact information, such as phone numbers, may be included in various departmental business continuity planning documents. Confidential information may be provided to authorized business continuity staff, or other County agencies, and in the event of an emergency. If you have a chronic medical condition (i.e., heart condition, epilepsy, asthma, allergy, etc.) that prevents you from working during normal business hours, you are encouraged to discuss symptoms and emergency treatment with your supervisor.

EMPLOYEE'S SIGNATURE	DATE