

# Oakdale Joint Unified School District

## Employee Information Change Form

\_\_\_\_\_ Name      \_\_\_\_\_ Address      \_\_\_\_\_ Phone Number      \_\_\_\_\_ Email

---

---

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Work Site: \_\_\_\_\_ Classification: \_\_\_\_\_

---

\*\*\*If making a name change you must also attach an updated Driver's license and social security card

Previous Name: _____	New Name: _____
----------------------	-----------------

Previous Address: _____	New Address: _____
-------------------------	--------------------

Previous Phone: _____	New Phone: _____
-----------------------	------------------

Previous Email: _____	New Email: _____
-----------------------	------------------

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit completed form to the Human Resources Department**