



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
<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
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 <u>new</u> 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 (Substitute Employee Mgmt System)	
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		
CalSTRS		
2. ITS		
Name Changes		
Aeries		
Parent Square		
Notify HR that the change has been made chawell@luscusd.org LUSDcertificated@luscusd.org		
3. BENEFITS/PAYROLL		
Medical		
Dental		
VSP		
Other		
Retiree		

FINAL COPY TO BENEFITS/PAYROLL FOR FILING