SAN BENITO SCHOOLS

HUMAN RESOURCES

CHANGE OF PERSONAL DATA

CHANGE OF NAME:

(This form requires the completion of PEIMS-Change of Personal Information Forma and verification of name as printed on Social Security Card.
Please provide new Social Security card as well)

Former Name:

Last Name: _____ First Name: _____ Middle Name: _____

New Name:

Last Name: _____ First Name: _____ Middle Name: _____

CHANGE OF MARITAL STATUS

Married: ☐
Single: ☐

CHANGE OF TELEPHONE NUMBER

Old Telephone Number: _____
New Telephone Number: _____

CHANGE OF ADDRESS:

Public: _____ Private: _____

Old Address: _____
City: _____ State: _____ Zip Code: _____

New Address: _____
City: _____ State: _____ Zip Code: _____

CHANGE OF EMERGENCY CONTACT INFORMATION:

Public: _____ Private: _____

New Contact Person: _____ Relationship: _____
Home Phone Number: _____ Cell Phone Number: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Employee Verification
"I understand that any changes will supersede the information currently on file with the Human Resources Department."

Employee's Printed Name: _____
Employee's Signature: _____
Date: _____

OFFICE STAMP: HR RECEIVED DATE

TIME

INITIAL

HUMAN RESOURCES DEPARTMENT
Comments:

DATE COMPLETED

TIME COMPLETED

INITIALS