

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 Mailing Address:
	New Home Address:
Previous Phone:	New Phone:
Previous Email:	New Email:

Signature: _____ Date: _____

Please submit completed form to the Human Resources Department