



LAKE ELSINORE UNIFIED SCHOOL DISTRICT

PERSONNEL SUPPORT SERVICES

545 Chaney Street, Lake Elsinore, CA 92530

(951) 253-7035 • FAX: (951) 253-7067

EMPLOYMENT RECORD CHANGE FORM

READ CAREFULLY. USE THIS FORM TO CHANGE YOUR:

NAME – ADDRESS – TELEPHONE NUMBER – EMERGENCY CONTACT

EMPLOYEE NAME (PRINT LEGIBLY): _____

POSITION TITLE: _____

SIGNATURE: _____ DATE: _____

SOCIAL SECURITY #: XXX-XX-_____ EMPL ID # _____

EFFECTIVE DATE OF CHANGE(S): _____

COMPLETE ONLY THOSE AREAS THAT YOU WISH TO CHANGE

CHANGE NAME FROM: _____

* If you are changing your name, please complete the following forms and return them to the Personnel Office: **New** Driver's license, **New signed** social security card, W-4, DE-4, and an Electronic Information Resource Account form (email account).

CHANGE NAME TO: _____

REASON FOR NAME CHANGE: _____

NEW ADDRESS: _____

CITY: _____ STATE & ZIP: _____

NEW HOME PHONE NUMBER: _____

NEW CELL PHONE NUMBER: _____

NEW EMERGENCY CONTACT PERSON: _____

RELATIONSHIP TO YOU: _____

NEW EMERGENCY ADDRESS: _____

NEW EMERGENCY PHONE NUMBER: _____

LEUSD use only: ☐ Galaxy/Payroll ☐ Safety & Risk ☐ Personnel Services