



Address/Name/Phone Change Form

Purpose: This form should be used if you have a name, address or phone number change.

To be filled out by: Employee

Name:	Job Title:
<input type="checkbox"/> Name Change	Previous Name:
<input type="checkbox"/> Social Security Card attached (required)	New Name:
<input type="checkbox"/> Residential Address Change	Street:
	City: State: Zip:
<input type="checkbox"/> Mailing Address Change <i>If different from residential</i>	Street:
	City: State: Zip:
<input type="checkbox"/> Changes Effective on	Date:
<input type="checkbox"/> Phone Change	New Home Phone#:
	New Cell Phone#:
Comments:	

NOTE: If you hold a teaching credential or permit in California, it is your legal responsibility to notify the California Commission for Teacher Credentialing of your name, address, and employing county changes. Please submit this information on the CTC website: www.ctc.ca.gov. Select "Online Services for Educators", then Educator Page.

Employee Signature

Date

Submit form to the HR Department via:

- U.S. Mail
- Interoffice mail
- E-mail: leckersley@slocoe.org
- Fax: (805) 541-1105

For HR Office Use Only:		
	Updated	Initials
QSS	_____	_____
Absence Management	_____	_____
Emergency Form	_____	_____
Email (if applicable)	_____	_____
Update I-9 (if applicable)	_____	_____

Cc: - Address/Phone Change: Payroll/Retirement * HR Specialists * Purchasing *Accounts Payable
* Personnel File (original)

Cc: - Name Change: IT * Payroll/Retirement * HR Specialists * Credentials Manager * Purchasing
*Accounts Payable *Operations * Personnel File (original)