



Change of Personal Information

Date: _____

Name: _____

Social Security Number: _____

New Address: _____

Street Address

City

State

Zip Code

New Telephone Number: _____

Mailing Address: _____

if different Street Address

City

State

Zip Code

Signature of Employee _____

District Verification: _____

Employee

Position

Date

For questions regarding this form, please contact:

José Chang Ext. 8044

Payroll/Benefits Tech

or

Kathy Christiansen ext. 8032

HR Personnel Analyst

District Office Use Only

HR: _____

Date: _____

Payroll: _____

Date: _____

Benefits: _____

Date: _____