



EMPLOYEE CHANGE OF PERSONAL INFORMATION

When you have a change in contact information, please provide the new information below and return it to the Treasurer's office. If you have a *name change*, a copy of your new social security card will be required.

EMPLOYEE INFORMATION

Name _____

TYPE OF CHANGE

Name home phone home address other(specify) _____

Effective Date of Change _____

NEW INFORMATION

Name _____ (Include documentation)

Home Address _____

Home Phone _____

Other Changes _____

If address change: Public School District of Residence (OSDI) _____

County _____ School District # _____

EMPLOYEE APPROVAL

Employee Signature _____ Date _____

FOR HR USE

Date Received _____ Date Processed _____ Initials _____