



CHANGE OF PERSONAL INFORMATION

Official Name: _____

LAST

FIRST

MIDDLE

Employment Status:

Faculty

Monthly Classified

Student

Adjunct Faculty

Hourly Classified

No Longer Employed/Retiree

SS/ID #: _____

Name Change (*documentation must be attached*)

Former Name: _____

LAST

FIRST

MIDDLE

Reason: _____

Address/Telephone/Emergency Contact Change

Former Address: _____

(number and street)

(city, state)

(zip code)

New Address: _____

(number and street)

(city, state)

(zip code)

Former Telephone #: ()

New Telephone #: ()

Emergency Contact: _____

LAST

FIRST

Telephone #: ()

Employee's Signature

Date

Distribution: DO HR

District Payroll

Personnel File

Office of Instruction (Faculty only)