



CHANGE OF PERSONAL INFORMATION

Official Name:

LAST *FIRST* *MIDDLE*

Employment Status:

- Faculty Part-time Faculty
- Monthly Classified Hourly Classified
- Student 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)