



CHANGE OF PERSONAL INFORMATION

Please submit this form along with documentation and some form of picture identification to the College Human Resources Assistant at your campus administration office. Requests are accepted in-person, by mail or official District email account. Please refer to the attachments for acceptable name change documentation, and required updated tax forms.

Full Name :

LAST

FIRST

MIDDLE

(If this is a name change, enter your former name)

SSN/HR ID#:

Employment Status:

- ☐ Manager/Director
- ☐ Faculty
- ☐ Monthly Classified
- ☐ Student Employee

- ☐ Supervisor/Confidential
- ☐ Part-time Faculty
- ☐ Hourly Classified
- ☐ No Longer Employed

District Location:

- ☐ District Office
- ☐ DVC/San Ramon
- ☐ CCC
- ☐ LMC/Brentwood

☐ **Name Change** (Updated tax forms DE-4 and W4 must be attached along with documentation of change and a copy of picture identification)

New 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 Phone #:

()

New Phone #:

()

Emergency
Contact:

LAST

FIRST

RELATIONSHIP

Emergency
Contact Phone #:

()

Employee's Signature

Date

Distribution: Personnel File District HR District Payroll Benefits IT Help Desk Office of Instruction (Faculty Only)

☐ NAE ☐ ADSU ☐ EMPC HR Processor/Date:
Form 7013

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