

SAN CARLOS SCHOOL DISTRICT

Employee Name/Address Change Notice

Employee Name: _____

Management

Certificated

Classified

Enterprise

Associates

Name Change:

Old Name _____

NEW Name _____

(Social Security Name Change Proof REQUIRED)

NEW Address _____

NEW Telephone _____

NEW Cell Phone _____

Effective Date _____

Signature: _____

Return to Human Resources Department

Office Use Only:

HR DEPARTMENT:

- IF NAME CHANGE: Social Security Verification.
- EPICS
- Letter Confirming Change
- Directory
- Seniority List (If Name)

PAYROLL/BENEFITS:

- K CARES (BENEFITS)
- CAL PERS (BENEFITS)
- PERS (RETIREMENT)
- STRS (RETIREMENT)

PLEASE RETURN TO HR DEPARTMENT FOR FILING.