LUCIA MAR UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES

UPDATE OF EMPLOYEE PERSONAL INFORMATION

Name:	Last 4 numbers of Social Security Number:	Date:

Please ✓ section(s) being changed:

☐ ADDRESS CHANGE **I need address change form for: ☐ medical insurance coverage**

New mailing address: _____
Street & Number/P.O. Box City Zip

*New residence address:*_____
(*if different from above*)

☐ PHONE NUMBER CHANGE *New phone number:* _____

☐ NAME CHANGE ****Copy of social security card with new name must accompany this request****

*Name change from:*_____ *to:*_____
CalSTRS members must change name with CalSTRS. You can download the form at www.calstrs.com. .
Credential holders must change name with CTC. You can email CTC directly at credentials@ctc.ca.gov.

☐ EMERGENCY CONTACT CHANGE In case of emergency, please contact:

Name_____ Phone #_____ Relationship _____

☐ CHANGE IN DESIGNATION OF PERSON AUTHORIZED TO RECEIVE WARRANTS UPON DEATH OF EMPLOYEE

DESIGNATION OF PERSON UNDER SECTION 53245, GOVERNMENT CODE, STATE OF CALIFORNIA:

I, _____, an employee of the Lucia Mar Unified School District,
(employee name)
County of San Luis Obispo, do hereby appoint _____,
(name)
_____, _____ to
(address **and** phone number) (relationship)
be the person entitled to receive all warrants and checks upon my death which would have been due and payable to me had I survived.

Date:_____ Signature:_____

PLEASE FORWARD THIS DOCUMENT TO HUMAN RESOURCES

SUBMIT