

**LUCIA MAR UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES**

UPDATE OF EMPLOYEE PERSONAL INFORMATION

Name:	Last 4 numbers of Social Security Number:	Date:
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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: _____
CalPERS members must change name with CalPERS. You can download the form at www.calpers.ca.gov.
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)	
_____, (address and phone number)	_____, (relationship) to
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