

Last Name	First Name	MI
Soc. Sec. Number	School/Department	

<p>Type of Change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Telephone change</p>	<p>select appropriate boxes</p>	<p>Employment Status</p> <p><input type="checkbox"/> Certificated employee</p> <p><input type="checkbox"/> Classified employee</p> <p><input type="checkbox"/> Certificated applicant</p> <p><input type="checkbox"/> Classified applicant</p> <p><input type="checkbox"/> Substitute teacher</p> <p><input type="checkbox"/> Substitute clerical</p>
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<p>Old Information (Complete all information)</p> <p>First Name MI Last Name</p> <p> </p> <p>Street Address</p> <p> </p> <p>City State</p> <p> </p> <p>Zip Phone #</p> <p> </p> <p>Mailing Address if different than above</p> <p> </p> <p>City State Zip</p> <p> </p>	<p>New Information (Complete ONLY the information that has changed)</p> <p>First Name MI Last Name</p> <p> </p> <p>Street Address</p> <p> </p> <p>City State</p> <p> </p> <p>Zip Phone #</p> <p> </p> <p>Mailing Address if different than above</p> <p> </p> <p>City State Zip</p> <p> </p>
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Note: If there is a change in marital status, number of dependents, or beneficiaries, be certain to have retirement and benefits records changed.

I hereby authorize the necessary changes be made to my personnel records and payroll records

Employee Signature	Date

District Office Use Only

Personnel File Update	Date	Payroll File Update	Date