

GLENDORA UNIFIED SCHOOL DISTRICT

CHANGE OF PERSONAL INFORMATION FORM

You must notify HUMAN RESOURCES of any name, address, telephone number, or marital status changes immediately.
(Sorry, no phone calls accepted)

Please Print All Information

NAME _____ SS# (*last four digits Only*) _____

SUBSTITUTE ___ CERTIFICATED ___ CLASSIFIED ___ CONF/MGMT. ___

SITE _____ EFFECTIVE DATE _____

(CHECK APPROPRIATE BOX FOR ALL CHANGES)

NAME CHANGE

FORMER Last Name _____

NEW Last Name _____

ADDRESS _____

CITY _____ ZIP _____

PHONE NUMBER () _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Relationship _____

Phone Number () _____

Alternate Person _____ Phone # () _____

Doctor to be Called _____ Hospital Preferred _____

Phone Number () _____ City _____

Signature _____ Date _____

COPIES TO: Personnel & Business Offices (Payroll), 500 N. Loraine Ave., Glendora, CA 91741
School Office

3/6/06 cma