



EL RANCHO UNIFIED SCHOOL DISTRICT
Human Resources Department

NEW ADDRESS/NAME CHANGE FORM

NAME: _____

WORK SITE/SCHOOL SITE: _____

OLD ADDRESS: _____

OLD TELEPHONE #: () _____

NEW PHYSICAL ADDRESS: _____

NEW TELEPHONE #: () _____

*****DUE TO AN ADDRESS CHANGE, CALPERS MAY CHANGE YOUR
MEDICAL PLAN*****

FOR THE NEWLY MARRIED: IF YOU JUST RECENTLY GOT MARRIED AND WOULD LIKE TO CHANGE YOUR NAME, WE WILL NEED TO SEE YOUR NEW SOCIAL SECURITY CARD WITH THE NAME CHANGE. THANK YOU

NEW NAME: _____

PLEASE PROVIDE NEW ORIGINAL
SOCIAL SECURITY CARD

FOR OFFICE ONLY:

COPY TO DEPARTMENT _____ COPY TO INSURANCE _____ COPY TO PAYROLL _____
COPY TO SITE _____ FRONTLINE _____ LACOE _____