



EMPLOYEE CHANGE FORM
NAME • ADDRESS • PHONE NUMBER

TO: Human Resources Date:
(form can be sent by district mail or emailed to kelly.permuto@bonsallusd.com)

Name of Employee: Certified Classified

Work Location: Enrolled in Benefits with BUSD: yes no

NAME CHANGE: Proof of change on Social Security card is required

Table with 2 columns: FORMER, NEW. Rows for Name: _____

ADDRESS CHANGE

Table with 2 columns: FORMER, NEW. Rows for Address, City, State/Zip: _____

PHONE NUMBER CHANGE

Table with 2 columns: FORMER, NEW. Rows for Phone: (____)____, Name: (____)_____

Employee Signature: _____