

Notice of Personal Change



Central Union High School District

351 Ross Avenue • El Centro, CA 92243

(760) 336-4500

Instructions: Check the box(es) below for the change(s) you are making. Complete only the section(s) you selected.
Please Note: If you want to make changes to benefit information contact the Benefits Department at ext.4509. For changes on tax withholdings (W4/DE-4), please visit the employee portal at <https://ivedportal.org>.
For assistance contact the Human Resources Department.

REQUIRED INFORMATION:

Date: _____	School Site/Department: _____
Name: _____	Employee ID#: _____ SS# (Last 4): _____
Signature: _____	Phone: _____

TYPE OF CHANGE

- A. Change of Name C. Change of Emergency Contact
 B. Change of Phone Number D. Change of Address (Mailing, Physical or Both)

A. CHANGE OF NAME (Social Security card with new name is required to process name change)

_____ Previous Name _____ New Name

B. CHANGE OF PHONE NUMBER

Home: (____) _____ - _____ Cell (____) _____ - _____

C. CHANGE OF EMERGENCY CONTACT

_____ Name _____ Relationship
(____) _____ - _____ (____) _____ - _____
Phone Number Alternate Phone Number

D. CHANGE OF ADDRESS: Mailing Address Physical Address Both

_____ New Address and/or PO Box _____ City _____ State _____ Zip Code

HR/PAYROLL USE:

Filed By: _____ **Date Filed:** _____

Change Made:	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Escape	Kronos	19	Badge	Personnel File Label	Aeries					
Frontline	CalPers/ICOE	Benefits Dept.	Seniority List	Contract Database						REV. 2/2020