



CENTRAL UNION HIGH SCHOOL DISTRICT

Notice of Personal Change

REQUIRED INFORMATION:

Today's Date: _____ Effective Date of Change(s): _____
 Name: _____ School Site/Department: _____
 Signature: _____ Work Phone #: _____

Instructions: Check the box below for the change(s) you are making. Then only complete the section(s) that apply.
Please Note: If you want to make changes to benefit information and/or tax withholdings (W4), please contact the Human Resources office for appropriate forms.

CHANGE TYPE

- A. Change of Marital Status C. Change of Telephone Number E. Change of Address
 B. Change of Name D. Change of Emergency Contact F. Other

A. CHANGE OF MARITAL STATUS

New Status: Single Married Divorced Widowed Legally Separated

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

 Previous Name

 New Name

C. CHANGE OF TELEPHONE NUMBER

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

D. CHANGE OF EMERGENCY CONTACT

 Name

 Relationship

(_____) _____-_____
 Phone Number

(_____) _____-_____
 Alternate Phone Number

E. CHANGE OF ADDRESS: Mailing Address Physical Address Both

 New Address or PO Box

 City

 State

 Zip Code

F. OTHER

Explanation: _____

HR/PAYROLL USE:

Change Made:

____ SACS ____ Empower ____ Address Labels ____ Badge ____ Personnel File ____ Directory ____ CalPERS

____ AERIES ____ AESOP ____ Benefits Dept. ____ Seniority List ____ Contract Database