

SWEETWATER UNION HIGH SCHOOL DISTRICT
Human Resources Department

NOTICE OF ADDRESS, TELEPHONE NUMBER AND / OR NAME CHANGE

Information will be changed in Human Resources, Payroll and Benefits

PLEASE PRINT OR TYPE

Name: _____	Soc Sec #: _____
Site/Dept: _____	Position: _____

	Previous Info	New Info
Phone Number:	() _____	() _____
Cell Number:	() _____	() _____
Mailing Info:	_____	_____
	Address	Address
	_____	_____
	City	City
	_____	_____
	State Zip	State Zip
* Name Change:	_____	_____

* Name Changes will not be processed without a copy of the social security card indicating the new name. Receipts will not be accepted. Last names will not be hyphenated unless a hyphen appears on the social security card.

Signature: _____

Date: _____

Distribution: White - Payroll Canary -- Benefits / Human Resources Pink - Site / Department Form No: 8021 (Rev 8/05) ph HR Benefits Payroll