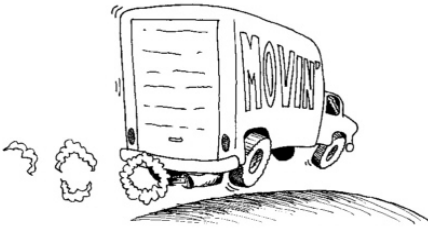


DUBLIN UNIFIED SCHOOL DISTRICT



ADDRESS/ TELEPHONE/ NAME CHANGE REQUEST FORM

Current Name _____ SSN (last four) - _____

Name Change _____

Current or Address Change _____
Street Address Apt. #

City State Zip Code

Current or Phone Change (_____) _____

Work Location _____ Effective Date _____

For District Personnel Directory Include

Address & Phone Address only Phone only No Address or Phone

Employee Signature _____ Date _____

SUBMIT CHANGE REQUEST FORM TO HUMAN RESOURCES

Name change will only be made in Payroll, Human Resources, and Technology when a copy of a new social security card is attached to this request form and verifies a name change. Your name on your pay warrant must match the name on your social security card that is on file with payroll.

NOTE TO CERTIFICATED STAFF: Name change must also be made on your credential by filing for a change of name with the CTC (Commission on Teacher Credentialing). There is a \$27.50 fee per credential for name changes. Go to www.ctc.ca.gov to download name change form.

For Payroll Use:

Delta Dental CalPERS Medical CalPERS/STRS Retirement American Fidelity

Human Resources Payroll Ed Services Special Ed Accounts Payable Technology CSEA Treasurer

Escape IC AESOP Oars Genesee