

Palermo Union School District
7390 Bulldog Way
Palermo, CA 95968
(530) 533-4842, ext. 2

CHANGE IN EMPLOYEE INFORMATION

CURRENT OR PRIOR NAME: _____ ID#: _____

SITE OR DEPARTMENT: _____

Please change my records EFFECTIVE: _____

CHANGE NAME TO:

LAST FIRST MI

**YOU MUST COMPLETE THE ATTACHED SS-5 FORM AND SUBMIT
TO YOUR NEAREST SOCIAL SECURITY OFFICE**

I hereby attest that I have submitted my name to Social Security (PLEASE INITIAL)

Your name change may effect the following: (Call Human Resources for Forms)

Medical, dental and vision benefits (Complete enrollment change form)

Have you added/deleted dependents?

Withholding Allowance (W-4) - **Optional**

Direct Deposit (Complete authorization change) - **Optional**

Credentials

STRS or PERS Beneficiary Designation

CHANGE ADDRESS TO:

Your address change will also effect: (Call HR for form)

Medical, dental and vision benefits (Complete change form)

PERS

CSEA /PTA

CHANGE PHONE NUMBER TO:

Signature

Date