



# San Francisco Community College District

50 FRIDA KAHLO WAY, CONLAN HALL 107, SAN FRANCISCO, CA 94112 ♦Tel (415) 452-7660 ♦www.ccsf.edu/hr

## Change of Name/Home Address/Phone Number/Emergency Information

Employee Name: \_\_\_\_\_

Social Security OR Employee ID Number: \_\_\_\_\_

Check One:    **Certificated or Administrator:**         **OR**        **Classified:**

**\*\*A change of name requires that you enclose a copy of your new Social Security Card.**

<b>OLD Name:</b>		
_____	_____	_____
Last	First	Middle
<b>OLD Address:</b>		
_____		
Number and Street		
_____		
City, State, and Zip Code		
<b>OLD Phone Number</b>		
(    ) _____		
<b>OLD Emergency Information</b>		
_____	_____	_____
Last	First	Relationship
<b>Phone Number:</b> (    ) _____		

<b>**NEW Name:</b>		
_____	_____	_____
Last	First	Middle
<b>NEW Address:</b>		
_____		
Number and Street		
_____		
City, State, and Zip Code		
<b>NEW Phone Number</b>		
(    ) _____		
<b>NEW Emergency Information</b>		
_____	_____	_____
Last	First	Relationship
<b>Phone Number:</b> (    ) _____		

DO YOU WISH TO KEEP THIS INFORMATION CONFIDENTIAL?  YES \*\*\*     NO

\*\*\*If you indicate that you wish your address and telephone number be kept confidential, the District will not supply this information to the Union. In that case, you may not receive information that the Union thinks you should have or that you might find informative.

EMPLOYEE SIGNATURE

EFFECTIVE DATE OF CHANGES

➤ This form should be submitted to:

**Human Resources Department  
50 Frida Kahlo Way, Conlan Hall 107  
San Francisco, CA 94112**

Posted/Entered by: \_\_\_\_\_

Date: \_\_\_\_\_