



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.**

OLD Name:		
_____	_____	_____
Last	First	Middle
OLD Address:		

Number and Street		

City, State, and Zip Code		
OLD Phone Number		
() _____		
OLD Emergency Information		
_____	_____	_____
Last	First	Relationship
Phone Number: () _____		

**NEW Name:		
_____	_____	_____
Last	First	Middle
NEW Address:		

Number and Street		

City, State, and Zip Code		
NEW Phone Number		
() _____		
NEW Emergency Information		
_____	_____	_____
Last	First	Relationship
Phone Number: () _____		

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: _____