

MURRIETA VALLEY UNIFIED SCHOOL DISTRICT
CHANGE OF PERSONAL INFORMATION FORM

All employees must immediately notify HUMAN RESOURCES in writing of any name, address, telephone number or marital status changes. Sorry, no phone calls accepted.

NAME CHANGES MUST BE REPORTED IN PERSON AT THE D.S.C.
PLEASE BRING YOUR NEW/ORIGINAL SOCIAL SECURITY CARD *

NAME: _____
Include First, Middle & Last Name - no nicknames or initials please

(FORMER NAME IF NAME CHANGE): _____

EMPLOYEE NUMBER _____ SITE: _____

SUBSTITUTE CERTIFICATED CLASSIFIED CONF/MANAGEMENT

ADDRESS CHANGE:

NEW STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME _____ RELATIONSHIP: _____

PHONE NUMBER: _____ ALTERNATE PHONE: _____

NAME _____ RELATIONSHIP: _____

PHONE NUMBER: _____ ALTERNATE PHONE: _____

DOCTOR TO BE CALLED: _____ PHONE NUMBER: _____

HOSPITAL PREFERRED: _____

PHONE NUMBER: _____ CITY: _____

DATED: _____ SIGNATURE: _____

Please return this form to the District Receptionist

FOR DISTRICT OFFICE USE ONLY

GALAXY SUB-FINDER INSURANCE DIRECTORY PERS AERIS

NAME CHANGES: *in addition to the above* PAYROLL TECHNOLOGY HR (CL/CE) MEDICAL FILE

NAME CHANGE:

FORMER NAME _____ NEW NAME _____