



Address or Name Change Notice

Procedure No. 7150

Please Print Clearly

Instructions: Further instructions to submit below. If a name is changed, a new W-4 form must be completed and a copy of your signed Social Security Card with your new name must be attached.

| | | |
|----------------------|---|---|
| Employee ID Number | Former Name (Last, First, Middle) NOTE: Enter former name here if name is being changed | Effective Date of Change (Month / Day / Year) |
| School or Department | Position Title | <input type="checkbox"/> Certificated <input type="checkbox"/> Classified |

Enter ONLY items which are to be changed.

| | | | | |
|---|----------------------------|-----------------|---------------------------|--|
| New Last Name | New First Name | New Middle Name | Preferred Name (Optional) | |
| New Street Address | New City | New State | New Zip Code | |
| New Home Phone | New Mobile Phone | New Work Phone | | |
| New Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. | Any Additional Information | | | |

I hereby certify that the above information is correct and agree to notify Human Resource Services Division promptly (on a similar form) or any and all subsequent changes or address. I further agree that the address given above, or as so changed, is to be considered as my "official" or "last known" address, and not any other address given by me or purported to be mine.

Signature: _____ Date _____

SUBMITTING PROCESS: AT THIS TIME, THE DISTRICT OFFICE IS CURRENTLY NOT OPEN. THE DISTRICT IS WORKING REMOTELY AND PROCESSING PAPERWORK ELECTRONICALLY. PLEASE

SUBMIT DOCUMENTS FOR NAME OR ADDRESS CHANGE AT THE FOLLOWING LINK: <https://driveuploader.com/upload/hTHJt0UhUv/>

PLEASE SAVE THE DOCUMENTS AS: **"LASTNAME.FIRSTNAME.EMPLID.DOCUMENTTYPE"**

ONCE YOU HAVE DONE SO PLEASE SEND AN EMAIL TO NOTIFY OF SUBMITTED DOCUMENTS TO HRDOCUMENTS@SANDI.NET