



Address or Name Change Notice

Procedure No. 7150

Please Print Clearly

Instructions: Please complete and submit to Human Resource Services Division by uploading to secure folder, link below. If a name is changed, a copy of your Signed Social Security Card with your new name must be attached. To change W-4 (optional), you will need to submit a new W-4 to the Payroll Department at: <https://www.sandiegounified.org/departments/payroll/overview>

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 _____

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

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