



ADDRESS/NAME CHANGE FORM

First Name (Print)

Last Name (Print)

Work Location: Gateway Community Charters

Position Title: Substitute

<u>New Address</u>		
_____ Street Address	_____ City	_____ Zip
<u>New Name</u>		
_____ First Name (Print)	_____ Last Name (Print)	
<u>Additional Change</u>		
<input type="checkbox"/> Email: _____		
<input type="checkbox"/> Phone Number: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home		

Employee Signature to Authorize HR to Change Above Information

Signature of Employee

Date

ALL employees - A copy of your social security card and a copy of your new driver's license with the new name must be presented with this form.

Credentialed employees – You must use the name that appears on your credential unless an official name change has been completed with the Commission on Teaching Credentialing CTC or Sacramento County Office of Education. ALL documents, payroll, personnel records, STRS records, school rosters and registers must carry the legal name until you have completed a name change.

<u>Human Resources Use Only</u>	
<input type="checkbox"/> Updated QSS	Initials: _____
<input type="checkbox"/> Updated Aesop (Name Only)	Date Updated: _____
<input type="checkbox"/> Updated Retirement System (if applicable)	