

ADDRESS/NAME CHANGE FORM

First Name (Print)		Last Name (Print)			
Central Office 山 (FH/NM) Position Title : 山	All GCC Sites (Subs) ☐H	LA □SAVA SCUSD (PI/SC) □ st (All) □Para Educator (All)	ol □EPIC □Futures HS □GIS □GC SAVA EGUSD (EG) □SAVA TRUSD □Playground Assistant □Custodia		
□Other:					
		New Address			
Street Address	S	 Apt#	City		
State	 Zip				
		<u>New Name</u>			
First Name (Print)		Last Name (Print)			
		Additional Change			
□Email:					
☐Phone Number:					
Employee Signa	ature to Authorize HR	R to Change Above Inform	nation_		
 Signature of Em	ployee		Date		
*ALL employees – Bi	ring your new social security	card and your new driver's license	with the new name, this must be presented	d	
completed with the operation of the completed with the company of the complete compl	Commission on Teaching Cre	dentialing CTC or Sacramento Cou	al unless an official name change has been nty Office of Education. <u>ALL documents,</u> e legal name until you have completed a		
name change.				_	
		Human Resources Use Only		-	
□ка	enefits (if applicable) aiser □WHA □Delta Dent	□Updated Aeso al □VSP □Unum	ss Services (Reimbursements) op Spreadsheet (Name Only)		
☐Updated Retirement System (if applica☐Updated EE File		cubicj	Initials:		
☐Updated SafeSchools Training ☐Updated GCC Website			Date Updated:		