



Human Resources Department
2020 Bonar Street, Room 206
Berkeley, CA 94702
(510) 644-6150
FAX: (510) 644-6151 Classified
FAX: (510) 644-2883 Certificated

Change of Address, Telephone or Name Form
(PLEASE PRINT CLEARLY)

Date:	Classified €	Cerificated €
Signature:	Email Address:	
Position:	Site(s):	

I need the following information changed: € Address € Telephone Number € Name

Information presently on record

Employee ID#		
Last Name:	First Name:	
Address:		
City:	State:	Zip Code:
Home Telephone Number:	Cell Number:	

€New Address:		
City:	State:	Zip Code:

€New Name <i>For name change, please bring your new Social Security Card for us to copy and place in your file.</i>		
Last Name:	First Name:	
Reason for Change:		

€New Telephone Number:		
Home Number:	Cell Number:	

FOR OFFICE USE ONLY					
QCC/MA	€SUB SYSTEM €STRS NAME CHANGE	PERS (Admin. Coordinator)	BENEFITS	ACCOUNTS PAYABLE	RETURN TO HR