

**SWEETWATER UNION HIGH SCHOOL DISTRICT**  
**Human Resource Services Division**

**NOTICE OF ADDRESS, TELEPHONE NUMBER AND/OR NAME CHANGE**

*Information will be changed in Human Resources, Payroll and Benefits and forwarded to your Site/Department*

**Please print or type**

Name: \_\_\_\_\_

Soc Sec #: \_\_\_\_\_

Site/Dept: \_\_\_\_\_

Position: \_\_\_\_\_

**Current Info**

**Updated Info**

No Change **Primary Number:** (      ) \_\_\_\_\_

(      ) \_\_\_\_\_

No Change **Secondary Number:** (      ) \_\_\_\_\_

(      ) \_\_\_\_\_

No Change **Home Address:** \_\_\_\_\_

\_\_\_\_\_

Address

Address

City State Zip

City State Zip

No Change **Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

Address

Address

City State Zip

City State Zip

**\* Name Change:** \_\_\_\_\_

\_\_\_\_\_

*\* Name Changes will not be processed without a copy of the social security card indicating the new name. Receipts will not be accepted. Last names will not be hyphenated unless a hyphen appears on the social security card.*

Signature: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Date Submitted: \_\_\_\_\_