



# Change of Information Form

Natomas Unified School District • Office of the CAO – Human Resources  
1901 Arena Blvd, Sacramento, CA 95834

I would like to submit a  \*name change  address change  phone change ***effective immediately.***

Social Security: \_\_\_\_\_ **OR** Employee ID Number: \_\_\_\_\_

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

\*Previous Name: \_\_\_\_\_

Address:

Street \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Alternate Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Please check one of the following:

- Certificated Employee     Classified Employee     Classified Substitute
- Certificated Substitute     Coach

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

**Please return this form to the Office of the CAO – Human Resources.**

**\*NAME CHANGE:** If you are changing your name, you MUST bring in your updated social security card to the Office of the CAO/HR with this form for inspection and copying.

**HR USE ONLY**

- QSS     Payroll/Benefits     IT\*