

Human Resources Department

CONTACT DATA SHEET

Date of Request: _____

Entered EPICS:	_____
Entered Sub System:	_____

Classification: _____

Work Location _____

- Type:
- New Employee** – Complete Sections A through D.
 - Name Change** – Complete Sections A and E, attach documents (Driver License and Social Security Card with **NEW NAME**)
 - Address Change** – Complete Sections A and B
(SB County requires verification of address (utility bill or other) to update employee address with CalPERS or CalSTRS, please attach verification of address if you would like us to update your address with CalPERS or CalSTRS. For additional information, contact Payroll: Classified X10207, Certificated x10237)
 - Phone Number or E-Mail Change** – Complete Sections A and C
 - Emergency Contact** – Complete Sections A and D

Section A – Legal Name

Legal Last Name:	First:	Middle:
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Section B – Home and Mailing Address

Home Address	City	Zip
Mailing Address	City	Zip

Section C – Phone Number and E-Mail

Primary Telephone #:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Other	Secondary Telephone #:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Other
Email Address			

Section D – Emergency Contact Information

List the name of the person(s) to contact in case of an emergency:

Name:	Relationship:	Primary #:
Name:	Relationship:	Primary #:

Section E – Name Change

From:

Legal Last Name:	First:	Middle:
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To:

Legal Last Name:	First:	Middle:
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If Name Change, please sign with NEW NAME.

Employee Signature _____ Date _____

