



EL MONTE UNION HIGH SCHOOL DISTRICT

Personal Information Change Form

Current Name

Social Security Number or EID

Check the item(s) that you want changed and list the updated information:

Name: Must match name on Social Security Card

I request that my official records be changed to reflect my legal name as listed below:

Last Name

First

Middle

Reason for Name Change: _____ Effective Date of Change: _____

Address:

Street

City

Zip

Phone Number: _____

Employee's Signature

Date

----- **DO NOT WRITE BELOW THIS LINE** -----

Date Received by Human Resources: _____

Entered in HRS by: _____ Date: _____

Entered in Frontline

MAR-1 Form sent to LACOE (PERS Only)

Updates for Name Change: EEO-1 Form I-9 Form Seniority List