

# 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 are a CalPERS or CalSTRS member. 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 \_\_\_\_\_

