

Human Resources Department

CONTACT DATA SHEET

Date of Request: _____

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, please attach verification of address. For additional information, contact Payroll: Classified X10207, Certificated x10267)
 Phone Number or E-Mail Change – Complete Sections A and C
 Emergency Contact – Complete Sections A and D

FOR DISTRICT USE ONLY	
Aeries/IT:	<input type="checkbox"/>
EPICS:	<input type="checkbox"/>
Substitute System:	<input type="checkbox"/>
Target Solutions:	<input type="checkbox"/>

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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Employee Signature

Date

