



Fountain Valley School District

EMPLOYEE INFORMATION CHANGE FORM

☐ CLASSIFIED EMPLOYEE

☐ CERTIFICATED EMPLOYEE

EMPLOYEE INFORMATION

Date Requested: _____ Work Location: _____
Employee Name: _____ Employee Number: _____
E-Mail Address: _____ Phone/Extension: _____

INFORMATION TO BE CHANGED

☐ Name Change

*Prior Last Name:	First Name:
New Last Name:	

** Any name change must be supported by your new Social Security card and Driver License (Please bring new Social Security card (no copies) and Driver's License to the Personnel Department for verification).*

☐ Address Change

New Address:

☐ Phone Number Change/Email Change

New Phone Number (home):

New Phone Number (cell):

New Email Address:

FOR HUMAN RESOURCE USE ONLY

Date Replied: _____

HR Signature: _____

Comments: