

**RIVERSIDE UNIFIED SCHOOL DISTRICT
DEPARTMENT OF PERSONNEL, LEADERSHIP AND DEVELOPMENT**

CHANGE OF PERSONNEL INFORMATION

Classified ____ Certificated ____

Work Site: _____ Position Title _____ Employee Number _____

*First Name _____ *Middle Name _____ *Last Name _____

**If recent name change, please give maiden or former name* _____

Address: _____ City _____ Zip _____

Phone (_____) _____ - _____ Personal Email: _____

Emergency Contact Name: _____ Relationship: _____

Phone: (_____) _____ - _____

Address: _____

For Personnel Only:
Galaxy updated _____
Seniority updated _____
Staffing updated _____

Name Change: Please attach a copy of your new social security card, State form and W-4 form. (State & W4 forms can be obtained in the Personnel Office) **District records will not be changed until a social security card bearing the new name, state form and a W-4 are received in the Personnel Department.**

Employee Signature: _____ **Date:** _____

White copy: Payroll Yellow copy: Personnel Pink copy: Work site Goldenrod copy: Benefits