



MADERA UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES DEPARTMENT

1902 Howard Road
Madera, Ca. 93637
(559) 675-4500 (559) 673-6016

ADDRESS/PHONE/NAME CHANGE FORM

The Human Resource Department requires district employees to inform our office in writing in the event of an address, phone or name change. For your convenience, please use this form and return to the Human Resource Department as soon as possible for accurate record keeping purposes. **As a reminder**, if you are currently the holder of a Section 125 Flexible Benefit Plan or an alternate retirement annuity plan, you are responsible to notify the company directly of any changes to your personal information.

Name:		SSN:	XXX-XX-	Date:	
Title:		Site:			
ADDRESS CHANGE					
FROM			TO		
Street:		Street:			
City:		City:			
State:		State:			
Zip:		Zip:			
PHONE CHANGE					
FROM			TO		
Home:		Home:			
Cell:		Cell:			
NAME CHANGE					
FROM			TO		
First:		First:			
M.		M.			
Last:		Last:			
<i>The following items <u>must</u> be attached with this form before the name change can become effective.</i>					
✓ A copy of the new <u>Social Security card</u> and valid <u>Driver's License</u> with the new name.					
✓ Updated <u>Federal Withholding Form W-4</u> , <u>State Withholding Form DE-4</u> and <u>Employment Eligibility Verification Form I-9</u> with the new name.					

Employee's Signature: _____ Date: _____

HUMAN RESOURCE USE ONLY				
DEPARTMENT	Date Received	Date Submitted	Date Entered	✓
Human Resource Department				<input type="checkbox"/>
Health Benefits				<input type="checkbox"/>
IT Email Notification (Name changes only)				<input type="checkbox"/>
Copy to Supervisor (Name changes only)				<input type="checkbox"/>