SAN MARCOS UNIFIED SCHOOL DISTRICT CHANGE IN PERSONNEL / PAYROLL RECORDS				
NAME:		I.D.#		SCHOOL / DEPT:
Please make the following changes to my personnel / payroll records:				
Address:				
	Street			Apartment #
	City	State	Zip Code	
Home Phone:		-	Cell Phone:	
Name Change:				
	Please attach a copy of the new,	signed	Social Security Ca	ard for name changes.
Other:				
Date:	Signature:			

IMPORTANT INSTRUCTIONS FOR THE EMPLOYEE:

1. GIVE A <u>COPY</u> OF THE COMPLETED FORM TO YOUR OFFICE MANAGER

2. SEND THE ORIGINAL COMPLETED FORM TO: RECORDS CHANGES / HR DEPT