

PALO VERDE UNIFIED SCHOOL DISTRICT

EMPLOYEE NAME CHANGE FORM

Date: ____/____/____

New Name: _____

Previous Name: _____

Job Location: _____ Position: _____

- New Social Security Card attached
- New Driver's License attached
- New Tax Forms attached
- New Direct Deposit Form w/ Name Change on Voided Check
- New Life or Disability Insurance (Voluntary if already enrolled)
- CVT Medical Change Form

~~~~~

### ROUTING-DISTRICT OFFICE USE ONLY

- |                                                 |                                               |
|-------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Certificated Personnel | <input type="checkbox"/> Classified Personnel |
| <input type="checkbox"/> Benefits               | <input type="checkbox"/> Purchasing           |
| <input type="checkbox"/> CalPERS/CalSTRS        | <input type="checkbox"/> S.I.S.T.             |

**Please return to the Personnel at the District Office**