



# PLEASANT VALLEY SCHOOL DISTRICT

## EMPLOYEE CHANGE OF NAME/ADDRESS/PHONE/EMAIL FORM

Please complete and return to Human Resources, 600 Temple Ave, Camarillo, CA 93010

Certificated Employee:

Classified Employee:

**MAY ONLY USE FOR  
NAME CHANGE**

Please write legibly as this form is used for data entry.

Employee's PSL #: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee's Name: \_\_\_\_\_  
(First) (Middle) (Last)

**Name Change:** Employee must provide new Social Security Card to make the change.  
(Note: HR will make 3 copies of new Social Security Card: Employee File, Payroll, VCOE for STRS/PERS)

**From:** \_\_\_\_\_  
(First) (Middle) (Last)

**To:** \_\_\_\_\_  
(First) (Middle) (Last)  
(Please use Full Name from New Social Security Card)

**New Address:** \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

**New Phone:** Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Home: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**New Email:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

### For Office Use Only: Copies sent or changes made to the following:

<u>NAME Change:</u>	<u>ADDRESS Change:</u>	<u>PHONE Change:</u>	<u>EMAIL Change:</u>
____ ESCAPE	____ ESCAPE	____ ESCAPE	____ ESCAPE
____ ReadySub	____ Copy Payroll	____ ReadySub	____ ReadySub
____ Copy Payroll w/SSC	____ Copy Benefits	____ Copy Benefits	____ Copy Benefits
____ Copy Benefits	____ Copy Purchasing	____ Email VCOE*	
____ Copy Purchasing	____ Email VCOE* → Only if employee is enrolled in PERS: skrone@vcoe.org		
____ Copy Technology	*For PERS update, VCOE requires last 4 of SSN: _____		
____ Copy VCOE w/SSC → VCFast-VCOE School & Business Advisory Services			
____ Salary Card	Certificated STRS/Classified Retirement PERS		
____ New File Labels	1589 Verdugo Way, Camarillo, CA 93012		