

Elk Grove Unified School District



CHANGE OF NAME FORM

HUMAN RESOURCES – 9510 ELK GROVE FLORIN ROAD, ROOM 103, ELK GROVE, CA 95624 (916) 686-7795

Name:			Certificated Employee
EIN: (Required) <small>Employee Identification Number</small>			Classified Employee
Date of Birth			Substitute Employee

Street Address		Apt. #	
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City		State		Zip	
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Home Phone	()	
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Cell Phone	()	
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Home Email	
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Signature*		Date:	
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Effective Date of Change	
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*By signing your name electronically in the signature field of this Change Of Name Form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.

...NAME CHANGE...

<p><input type="checkbox"/> Name Change* If you are changing your name as a district employee, you MUST bring your original social security card to HR with this form for inspection and copying. (HR only: Please attach copy of SS card to this form.)</p> <p>Change employee name from _____</p> <p>To: Last Name _____ First Name _____ Middle Initial _____</p>
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FOR HR ONLY: INITIAL: _____ DATE: _____

Revised April 2023