

UPDATE/CHANGE PERSONAL INFORMATION

Return form to: Personnel Services and Human Resources Development

Classified

Faculty

Management

Student

Name: _____ Colleague ID: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____ E-Mail Address: _____

HOLD PAYROLL CHECK--I will pick up at District Cashier Window

MAIL PAYROLL CHECK--Send check to above address

If name change, enter former name: _____

If effective date is other than immediate, enter date: _____

Signature: _____ Date: _____

Revised 2/2006