



Human Resources Department
2020 Bonar Street, Room 206
Berkeley, CA 94702
(510) 644-6150
FAX: (510) 644-6151 Classified
FAX: (510) 644-2883 Certificated

Change of Address, Telephone or Name Form
(PLEASE PRINT CLEARLY)

Date:	Classified <input type="checkbox"/>	Certificated <input type="checkbox"/>
Signature:	Email Address:	
Position:	Site(s):	

I need the following information changed: Address Telephone Number Name

PLEASE CIRCLE THE BENEFITS YOU HAVE WITH BERKELEY UNIFIED SCHOOL DISTRICT			
MEDICAL	DENTAL	VISION	NONE

Information presently on record

Employee ID#			
Last Name:		First Name:	
Address:			
City:	State:	Zip Code:	
Home Telephone Number:		Cell Number:	

<input type="checkbox"/> New Address:		
City:	State:	Zip Code:

<input type="checkbox"/> New Name <i>For name change, please bring your new Social Security Card for us to copy and place in your file.</i>	
Last Name:	First Name:
Reason for Change:	

<input type="checkbox"/> New Telephone Number:	
Home Number:	Cell Number:

FOR OFFICE USE ONLY					
OCC/MA	<input type="checkbox"/> SUB SYSTEM	PERS	BENEFITS	ACCOUNTS PAYABLE	RETURN TO HR
	<input type="checkbox"/> STRS NAME CHANGE	(Admin. Coordinator)			

Personnel Folder