

ALISAL UNION SCHOOL DISTRICT  
HUMAN RESOURCES DIVISION

CHANGE OF NAME/ADDRESS/TELEPHONE NUMBER FORM

NAME: \_\_\_\_\_

Position \_\_\_\_\_ Work Site \_\_\_\_\_

Employee ID # \_\_\_\_\_  
(ID number located on paystub)

NAME CHANGE (requires copy of new social security card)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

ADDRESS CHANGE

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TELEPHONE NUMBER CHANGE

( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PLEASE NOTE: Any employee who is a member of STRS or CVT needs to update information online.

CALSTRS <https://my.calstrs.com/>

CVT <https://mycvt.cvtrust.org/>

If you are a certificated employee, you must also submit a change of address directly to California  
Commission on Teacher Credentialing, P.O. Box 944270, Sacramento, CA 94244-2700  
<https://www.ctc.ca.gov/credentials/ctc-online---your-educator-account>

PERS FILE	_____
ESCAPE	_____
AESOP	_____