

CHANGE OF CONTACT INFORMATION

NAME:	Employee ID:
TITLE:	Supervisor:
Check all that apply (click to check boxes): <i>Employee</i> <i>Part-Time Professional</i>	
Mailing Address and/or Phone Change	
Previous Address:	New Address:
Previous Home Phone#:	New Home#:
Previous Work Phone#:	New Work#:
Previous Cell Phone#:	New Cell #:
Emergency Contact Change	
Previous Contact:	Relationship:
Previous Contact #:	New Contact:
	New Contact #:
Employee's Signature: _____	
Print Name: _____	DATE: _____
E-mail to Human Resources: hrrsa@stancoe.org	
HR Use:	
ENTERED QSS: _____ / _____	Original: Personnel File (Front Desk)
Date Initial	Copy: Benefits Payroll Bus Svcs (Pos Control)

For assistance, please call Human Resources at 238-1600.

Instructions for On-Line Use

- Complete form by entering required information into shaded area. Tab to next box.
- Form cannot be signed electronically, type your name in the Print Name section and email.
- Save the document from the Internet to computer desktop, then **E-mail** as an attachment to **Human Resources: hrrsa@stancoe.org**

Guidelines to Complete Form

- **ID REQUIRED:** Your Employee ID# is required. Changes will not be made without this number.
- **ADDRESS CHANGE:** submit by the 5th of the month for your current paycheck to reach you at your new address. Changes submitted after the 5th will take effect the following month.
- **MAILING:** print form and sign signature line before sending
Route Mail: #000 Human Resources
US Mail: SCOE Human Resources 1100 H Street, Modesto, CA 95354
- **NAME CHANGE:** Cannot be completed using this form. Please call Human Resources to make an appointment, 238-1600. Required documentation: New social security card and new driver's license.