



CHANGE OF ADDRESS/NAME/EMERGENCY CONTACT

Personal Information

Last Name:	First Name:	MI	Social Security Number
_____	_____	_____	_____
Class/Title: Section: _____			

HRS needs to update the information about your bilingual skills. Please complete this section.

Bilingual Skills (Language) _____

Read?	Write?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHANGE OF ADDRESS

NEW HOME ADDRESS

Street Address	City	Zip Code	Home Phone
_____	_____	_____	_____
Mailing Address (If different from above)	City	Zip Code	Cell Phone
_____	_____	_____	_____

CHANGE OF NAME:

OLD NAME: _____	Social Security # _____
NEW NAME: _____	Social Security # _____

You **MUST** show the original signed Social Security Card with your NEW name
NOTE: Employee **MUST** complete Form W-4 and Warrant Recipient Designation Form when changing name

PERSON TO NOTIFY IN CASE OF EMERGENCY

Last Name:	First Name:			
_____	_____			
Telephone	Street Address	City	State	Zip Code
_____	_____	_____	_____	_____
Alternate Telephone	Relationship:			
_____	_____			

It is your responsibility to notify the following agencies of your new address or new name:

1. U.S. Savings Bonds, If you buy Savings Bonds you must complete PPSD Form 10345
2. If you are on an eligible list, you must notify the Department of Human Resources - Referral Unit at 1 South Van Ness Ave., 4th Floor
3. If you are an applicant, you must file a separate Change of Name/Address form at 1 So. Van Ness Ave., 4/F for each application you have submitted.
4. SUPERVISOR: you must notify your immediate supervisor
5. RETIREMENT SYSTEM: If you are a member, you must notify them in writing. 30 Van Ness Ave. 3rd. Floor, San Francisco CA 94103
6. HEALTH SERVICE SYSTEM: If you are a member, you must notify them in writing. 1145 Market St. 2nd. Floor, San Francisco, CA. 94103

Signature _____

Date: _____