



Human Resource Services

Employee Address/Name Change Form

Employee Name _____ Date _____ Ext. _____

Social Security # _____ ID # _____ Dept. _____

Classification: Administrator; Classified; CAST; Faculty: F/T P/T; Retiree; Student; Temporary

New Name: _____
New social security card must be presented to Human Resource Services.

Add/Update Preferred Name: _____

New Address:
Mailing Address: _____
All District correspondence, including W-2s and paychecks, will be sent to this address.

Home Address: same as above **or**: _____

New Phone Number(s):
Primary Phone _____ Home Cellular Local/Other
Alternate Phone _____ Home Cellular Local/Other

New Preferred Email Address: _____

Alert San Diego Emergency Notification System (*emergency notifications that affect Palomar College*)
Email Address: _____
Text Message* Number _____
**Standard messaging rates apply for text messages.*

Emergency Contact Information:
1st Contact _____ Relationship: _____ Phone _____
2nd Contact _____ Relationship: _____ Phone _____

Health Insurance Notification (benefit eligible employees and retirees only)

Notify the following health insurance vendors of the above changes. Changes supersede previously submitted Enrollment Applications.

Kaiser, Medical Record #: _____ **OR** PPO/ Fringe Benefits Consortium
 125 Flexible Spending Plan/American Fidelity

Employee/Retiree Signature _____ Date _____