

RIVERISDE UNIFIED SCHOOL DISTRICT
DEPARTMENT OF PERSONNEL, LEADERSHIP AND DEVELOPMENT

CHANGE OF PERSONNEL INFORMATION

Work Site: _____ Position Title _____ Classified _____

Certificated _____

*Name _____ Employee Number: _____

**If recent name change, please give maiden or former name* _____

Address: _____ City _____ Zip _____

Phone (_____) _____ - _____

For Personnel Only:
Galaxy updated _____
Seniority updated _____
Staffing updated _____

Name Change: Please attach a copy of your new social security card and W-4 form. (W4 forms can be obtained in the Personnel Office) **District records will not be changed until a social security card bearing the new name and a W-4 are received in the Personnel Department.**

Employee Signature: _____ **Date:** _____

White copy: Payroll Yellow copy: Personnel Pink copy: Work site Goldenrod copy: Benefits

Stockroom order number: 26-9797