

Employee Name (Print or type) _____

For

Employee ID _____

Department Name _____

Pay Period _____

Date of Change (Event Date) _____

PERSONAL DATA CHANGE — PROOF REQUIRED FOR NAME CHANGE. ATTACH COPY OF SOCIAL SECURITY CARD.

Name Change _____

(Former Name) _____

Address Change _____

City, State, ZIP Code _____

New Mailing Address (If different from above) _____

New Home Phone (Include Area Code) _____

New Emergency Contact: _____

Name

Home Address

City, State, Zip Code

Phone

Relationship

PERSONAL STATUS CHANGE — SUBMIT TO CENTRAL HUMAN RESOURCES WITH REQUIRED ATTACHMENTS.

Important – Be sure to request any additional forms necessary to update your dependents and/or beneficiaries for health and/or life insurance coverages.

Type of change:

Marriage (**Marriage Certificate/Declaration of Domestic Partnership required**)

Divorce (**Divorce Decree/Notice of Termination of Domestic Partnership required**)

Death of spouse, dependent or domestic partner (**Death Certificate required**)

Employee's Signature

Date

Comments: _____

Pay Period & Date Processed	Processor's Initials	Effective Date

INSTRUCTIONS AND PROCEDURES EMPLOYEE STATUS CHANGE FORM (ESC)

All of the following information is required for any change.

- Employee ID
- Employee Name
- Pay Period
- Date Of Change (Event Date)
- Department Name

Personal Data Changes

- Employee fills in only those items that are changing.
- For change in name, the Department Representative secures a copy of the Social Security card, attaches it to the form, and forwards to Central HR for processing.

All other personal data changes in this area of the form are processed and maintained by the department.

Personal Status Changes

- Employee checks appropriate boxes and provides required documents.
- Employee must complete a Benefit Election Form to make changes to benefit plan (e.g., medical, dental, vision, flexible spending account).

NOTE: Depending on the reason for the Personal Status Change, the Department Representative may want to also provide the employee with one or all of the following forms:

- Last Warrant Designation
 - CalPERS Beneficiary Designation Form
 - Lincoln Beneficiary Designation Form and/or The Standard Beneficiary/Change Form
 - Lincoln Group Insurance Enrollment Form and/or The Standard Supplemental Insurance Enrollment Form
- Department Representative checks form for completeness and insures appropriate documents are attached.
 - Department Representative forwards form and appropriate documentation to Central HR for processing.