

Certificated Employee _____
Substitute _____

Classified Employee _____
Substitute _____

CARLSBAD UNIFIED SCHOOL DISTRICT

6225 El Camino Real
Carlsbad, CA 92009

CHANGE FORM FOR NAME/ADDRESS/PHONE

NAME: _____ SS#: _____

SITE: (IF APPLICABLE) _____

Change of Address:

From: _____

To: _____

Change of Phone Number:

From: _____

To: _____

Change of Name: (This form must be accompanied by a copy of your Social Security Card with new name.)

From: _____

To: _____

Signature: _____ Date: _____

DISTRICT USE ONLY

Route to: PERSONNEL _____

TECHNOLOGY _____

PAYROLL _____

INSURANCE _____

SITE _____

CTA _____

*STRS _____

*PERS _____

Return original to Personnel for filing. This change will take place with all departments, as indicated in the routing. *Send employee/substitute appropriate retirement plan change of address form.