



Upon Completion please e-mail this page to HR@siskiyous.edu by choosing the page button above and choosing "send page by e-mail".

COLLEGE OF THE SISKIYOUUS
HUMAN RESOURCES

CHANGE OF INFORMATION

NAME

DATE: _____

CURRENT NAME ON RECORD

Employee Type:

Classified ASM Administrator
Faculty Adj. Faculty Student
Short Term/Substitute

NAME CHANGE (Provide copy of new social security card to HR)

ADDRESS

CURRENT ADDRESS CITY STATE ZIP CODE

NEW ADDRESS CITY STATE ZIP CODE

PHONE NUMBER

(____) _____
CURRENT PHONE NUMBER

(____) _____
NEW PHONE NUMBER

E-MAIL

OLD EMAIL ADDRESS

NEW EMAIL ADDRESS

Do you have a Siskiyous.edu email? _____
Does your Siskiyous.edu email need to be forwarded to your personal email? _____

CHECK DISTRIBUTION

Is your paycheck mailed? Yes No

Do you want your paycheck mailed to the new address if applicable? Yes No

Is this a permanent or temporary change? Permanent Change Temporary Change
Dates of Temporary Change _____ to _____

EMPLOYEE SIGNATURE

For Office Use Only

ACCOUNTS PAYABLE (B.O.) _____
HUMAN RESOURCES (H.R.) _____
MAILED CHECK LIST (Pennie) _____
TELEPHONE TREES (Denise) _____
MEDICAL (Kelly) _____

PAYROLL (Kelly) _____
PERS (Kelly) _____
PUBLIC RELATIONS (H.R.) _____
INFORMATION TECHNOLOGY (H.R.) _____
FILED (Denise) _____